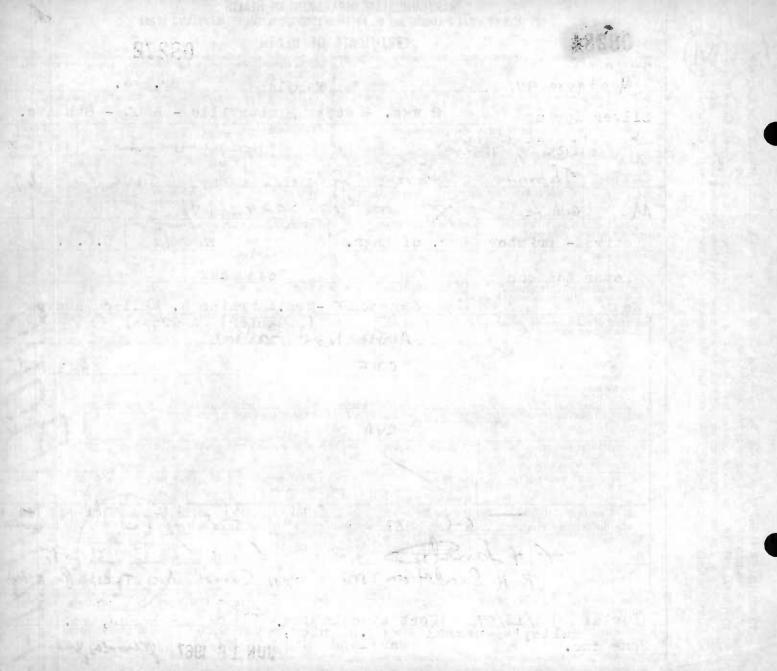
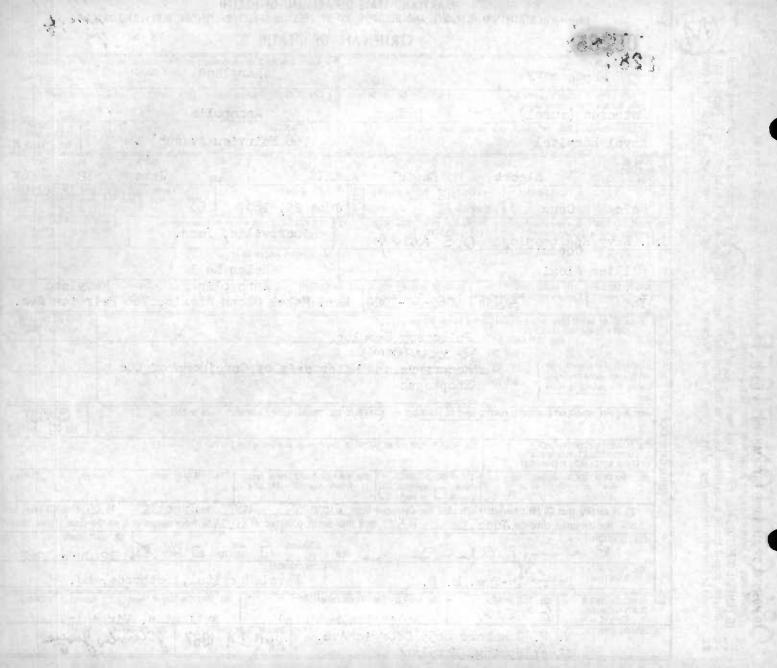
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AA	1		08284	CERTIFICATE	OF DEATH	08278	t e
funerat	7		PLACE OF DEATH O. COUNTY INON + 90 mesy	MARYLANO	2. USUAL RESIDENCE (o. STATE Maryland	b. COUNT	nn: Residence before odmission)
naurs arrer n by the fu rs. Pages I haurs afte			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	2 wks. 4 da	c. CITY OR TOWN (IF o	utside corporote limits, write RURA sville - 650	AL ond give neorest town)
be i be	90	-	d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS	2325. EW HAMPSKIRE	e. IS RESIDENCE ON A FARM? YES NO
1 25			NAME OF DECEASED Thomas		damson	4. DATE Month OF DEATH SU	Ne 12 1967
inal the death certificate be executed in. In. by the attending physician and cample transit permit. Then please remove concernation, ar remayal, and in any even		S.	M. white	WIDOWED OIVORCED	B. DATE OF BIRTH 12-22-9		Months Doys Hours Min.
ricare be ex ysician and please rem al, and in an		duri	. USUAL OCCUPATION (Give kind of work done ng most of working lite, even if retired) Retired— Printer	10b. Kind of Business or Bur. of Engr.		& State, or foreign country) IOWA -	12. CITIZEN OF WHAT U.S.A.
g physi Then pl maval,			FATHER'S NAME Peter Adamson			Maux	
attending permit. The		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of s	service) 340-037-402-7	informant -Mrs.Lor	raine A. Mil	ler (above
that the an. by the creasit percention			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	e per line for (o), (b), and (c).)	(Payont	er) gooress) INTERVAL BETWEEN ONSET AND DEATH
physicia physicia signed b burial-tr burial, cr			Conditions, if ony, which gove isse to immediate couse (a),	CHF CHF			6-12 mal
naw renaming peens the trior take			lost. OUE TO	c)	THE TERMINAL DISTANCE CO.	ADDITION OF THE PART IV	19. WAS AUTOPSY
al or atte icate has far use c Health p	2	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	NTRIBUTING TO OEATH BUT NOT RELATED TO CVA 20b. DESCRIBE HOW INJURY OCCURRED.			PERFORMED? YES NO
haspital certific ched fo		CAL CERTI	OR CONTRIBUTING CLAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Ooy, Yeor		CE OF INJURY (Home, for		(County) (Stote)
by the free this be detailed		MEDICAL	Hour o.m. p.m. 19	While Not While ford ford of work attended the deceased fram_	ory, street, office bldg., etc.)	
retained ECTOR: Al should I with the S			saw the deceased alive an		t death accurred at	<u>S=3 € M, fram causes a</u>	nd an the date stated abov
be ge ge			22c. PHYSICIAN'S	Jantin M.	22d. ADDRESS	MED. STAFF PHYS. OIRECTOR PHYS. 1)	6.12 17
FRA or, F	1	230	NAME (Type) R. H. BURIAL, CREMATION, 23b. OATE THER	REOF 23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	Takeme fall, And
	M.	24	REMOVAL (Specify) Burial FUNERAL OIRECTORNalloy's	67 Fort Lincol Funeral ADDRESSMIT. Ra	n Cem.		
VR A15 (4)	21		Home Inc.	Maryland	A Later	1 0 4007 00%	emela Verdas



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 haurs after dea Maryland a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 days Annapolis Bethesda (rural and campletely filled in by e remave carban papers. In any event, within 72 hou d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 766 Fairview Avenue Naval Hospital YES NO X 3. NAME OF 4. DATE dase remave carban First Middle Last Month Day Year DECEASED ALEXIS 12 67 Algert June Daniel 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) June 25, 1897 Cauc WIDOWED DIVORCED Male 11. BIRTHPLACE (County & Stote, or foreign country)
Minersville, Penn. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
U.S. Navy/Engineering
13 FATHER: NAME COnsultant INDUSTRY, USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Alexis Helen Kell Annapolis Maryland 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give war ar dotes of service) Mrs. Mabel Glenn Alexis, 766 Fairview Ave. 085-30-7020 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Pulmonary Embolus IMMEDIATE CAUSE (o) RECCURRANCE 150X DUE TO Conditions, if any, which gave Recurance and Metastasis of Carcinoma of the rise to immediate couse (a). DUE TO Esophagus stoting the underlying cause as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 10 FUNERAL DIRECTOR: After this certificate be retained by the haspital or for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 1967 ta June 12 , 1967, that XI) (we) last 21. I certify that (3) (this hospital) ottended the deceased from June 7 saw the deceased glive on June 12 1967, and that deoth occurred at 810AM, fram couses and on the date stated above. 22b. DATE SIGNED 22o, SIGNATURE **ATTENDING** STAFF PHYS. P DIRECTOR 12 June 1967 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Naval Hospital, Bethesda, Md. Perry Ah-Tye. M. D. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION REMOVAL (Specify) Arlington National Buria Arlington, Virginia W. W. Chambers 8655 Georgia Ave. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Silver Spring, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d Film #63300 272767 PCT. 08275CERTIFICATE DEATH executed within 24 hours after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest tawn) papers. Pag thin 72 hours a write RURAL and give nearest town) Heights. 13 DAYS OLNEY = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled Montgomery County Gen. B'R'O'O'K'E' /G'R'O'VE' /R'D. Hospital YES carban NAME OF ¥. Middle First Lost DATE Month Doy Year campletely DECEASED OF A. JOHN 6 AMOS 9 67 and in any event, (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** last birthday) Manths 10-13-07 Haurs MALE WHITE WIDOWED DIVORCED lan and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign cauntry) 12. CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) COUNTRY? VIRGINIA USA physici 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, JOHN C. AMOS Not Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO. Address MEDICAL RECORD DEPT. 578-10-8400 No crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO burial, du odenat utcer Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse peen be aerached far use as the State Dept. af Health prior ta lost. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER this 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Nat While ot work ot work 21. I certify that (1) (this hospital) attended the deceased from that (1) Dwe) last O HOSPITAL OR ATTEND Page 4 may be retained , and that death accurred at 3 00 FUNERAL DIRECTOR: the deceased alive an. M, from causes and an the date stated above 220. SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHUSICIAN'S JOHN R. SPENCER. NAME (Type) M. D 15444 COLUMBIA PIKE BURTONSVILLE. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial

REMOVAL (Specify) Suitland 6/13/67 Marvland 2 Cedar Hill 24. FUNERAL DIRECTOR ADDRESS 25b REGISTRAR'S SIGNATURE VR A15 (4) Lees Sons. 300 4th St.NEWash.DC DATE

VERRORERY DESCRIPTION OF THE STREET OF STREET

and 2

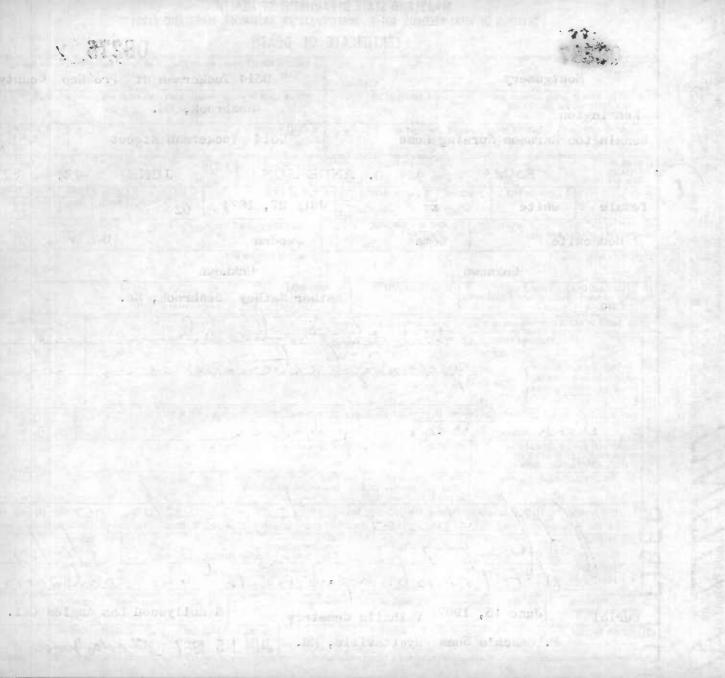
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.82	87		CERTIF	ICATE	OF DE	ATH		16 7	08	278	120		
PLACE OF DEATH O. COUNTY					2. USUAL RI o. STATE								
o. coomi	Montgomery		MAR	YLAND	O. JIAIL	9514	Tuck	erman	st	Pro	Geo	Col	unty
b. CITY OR TOWN write RURAL o	(If outside corporate limit and give nearest tawn) ton	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If our Sea	tside corpo abroc	rote limits,	write RUR	AL ond giv	e neorest	town)	
d. NAME OF HOSE Kensingt	on Gardens I	ot in hospitol, Nursing	give street oddress) S Home		d. STREET AL		ľucke	erman	stre	et	5	ON A F	DENCE ARM? NO
3. NAME OF DECEASED (Type or print)	EMM	rst A	Middle O •	ANI	DERSC	N	4. DATE OF DEAT	T	UNE		Doy 12,	Ye	^{or} 67
s. SEX female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIE		July 2		74	9. AGE (In last bir 92	years thdoy) yrs.	Months Months	1 YEAR Doys	Hours	Min.
10o. USUAL OCCUPATI during most of working	ON (Give kind of work done on life even if retired)		IND OF BUSINESS OR VDUSTRY		11. BIRTHPLA		& Stote, or f	foreign coun	try)	12. C	UNTRY?	WHAT	
13. FATHER'S NAME	100-010-0				14. MOTHER	S MAIDEN N	IAME						
	Unkı	nown				Unl	known						
	VER IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO.	17. II	ther Ma	athey	Sea	brook	, Addres				- 1
IB. CAUSE OF PART I. DI	DEATH (Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Con	(9), (b), and (c).)	leza	, le	lee	arb	desi	رويد	8		RVAL BE	
	η, which gove	-	200 TA Ce	00	09-	2022	a 1	alos	(6)2	-	2	10 4	A
rise to immedi stoting the un- lost.		1		7			-7			7)	
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT REI	LATED TO T	HE TERMINAL I	DISEASE CON	DITION GI	VEN IN PAR	T 1(o)			WAS AUT PERFORM	OPSY IED? NO
OR CONTRIBUTION	YAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. Di	ESCRIBE HOW INJURY O	OCCUPRED. (Enter noture o	f injury in f	Part 1 or P	ort II of ite	n 1B.)				
20c. TIME OF II	JURY Month, Doy, Yeor o.m.	20d. 1 While at wor			E OF INJURY (ory, street, affic		, 20f.	(City or	town)	(Co	ounty)		(Stote)
	tify that (1) this has	pital) atten			death acc		20		causes o				we) las d abave
22o. SIGNATU	19 1cm	7.	7	M.D		4	MED. DIRECTOR	□ ST/ PH		22b. D	ATE SIGNE	0/6	7
22c. PHYSICIAN NAME (Ty		Kne	uzbur	9	22d. ADI 7.85		6 =	44	د	(00	20.	200	012
23o. BURIAL, CREMA REMOVAL (Spec			· CCZIICCZZC				N H	location (d	rood	Los A		es C	al.
24. FUNERAL DIREC	F. Gasch	s Sons	ADDRESS Hyattsvi	ille,	Md.	2So. REC'D				SISTRAR'S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital ar ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poshould be filed with the State Dept. of Health prior to burial, crematian, or removol, and in ony event, within 72 hours.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COHNTY Montgomery papers. Pages I MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours A. Silver Spring Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Holy Cross Hospital 11500 Amherst Ave. YES NO K NAME OF Middle ngo First 4. DATE Lost Month Year DECEASED OF DEATH 19 67 June FLORENCE Anderson (Type or print) aparotti 0 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 7. MARRIED B. DATE OF BIRTH remove birthdoy) Months Dovs Hours 7/7/17 White Sepulyoxod IX and in any Fem. WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Housewife **INDUSTRY** COUNTRY? er U. S.A Fort Worth, Texas on home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, C ami Edna B. Richard Augustus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. EX (Yes, no, or unknown) (If yes give wor or dotes of service 220-12-3072 Ralph B. Caparotti - (Son) Wheaton None cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for to) (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET/AND DEATH TO IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Poge 4 moy be retoined by the hospital or ottending prior to last. th 05 19. WAS AUTOPSY has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Health ٠٠١' NO 3 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH o (IF EITHER, NOTIFY MEDICAL EXAMINER ar 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While Stote [of work 21. I certify that (I) (this hospital) attended the deceased fram. 19___, that (I) (we) last O FUNERAL DIRECTOR: 1967, and that death accurred at 4, 260M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. June 3. 1967 DIRECTOR M.D. PHYS 22d. ADDRESS, 10400 Conn. Ave., Kensington, Md. 22c. PHYSICIAN'S NAME (Type) George Sharpe director, should be 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Parklawn Cemetery Rockville, Maryland June 6 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

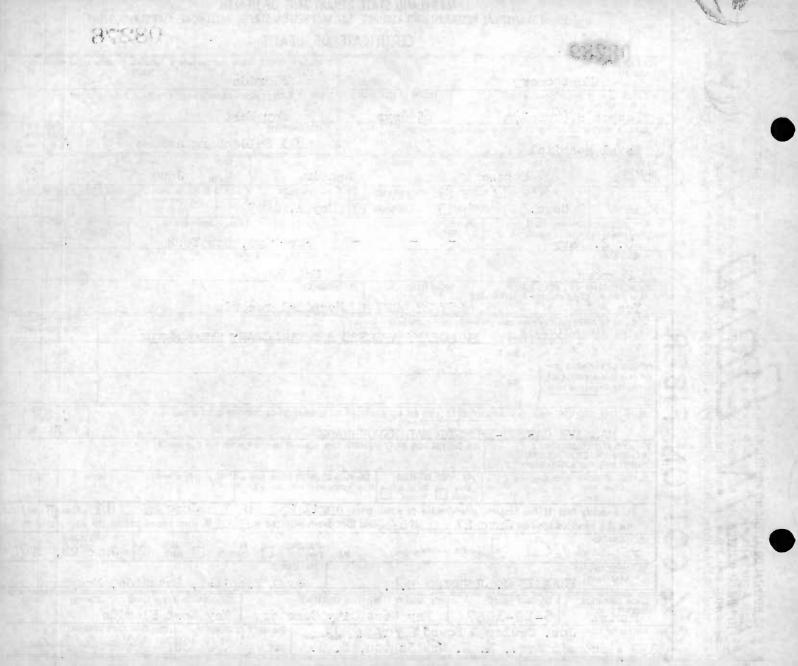
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH er death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DE a. COUNTY a. STATE b. COUNTY Montgomery Florida after MARYLANO c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn). requires that the death certificate be executed within 24 hours Bethesda (rural 65 days Key West filled in b attending physicion ond completely filled in b permit. Then pleose remove corbon papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS vent, within 72 2811 Seidenberg Avenue YES NO R Naval Hospital 4. DATE Middle 3. NAME OF First Doy Year DECEASED 19 67 Eugene Anheir June 27 DEATH (Type ar print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** last birthday) Manths Haurs May 1, 1893 Cauc. Male buriol, cremation, or removal, and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Brooklyn, New York
14. MOTHER'S MAIDEN NAME USA U. S. Navy 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendir buriol-tronsit permit. Yes Hospital records 257 22 9227 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY ABSCESS AND PULMONARY THROMPOSTS Page 4 moy be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause for use os the t Health prior to b O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES K NO MASSIVE GASTRO-INTESTIONAL HEMORRHAGE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark 21. I certify that (It (this haspital) attended the deceased fram April 23, 1967, to June 27, 167, that (If (we) last saw the deceased alive on June 27, 1967, and that death occurred at 340PM, from causes and an the date stated above. saw the deceased alive on June 27 22b. DATE SIGNED 22a SIGNATURE STAFF **ATTENDING** June 28, 1967 director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FRANCIS C. JOHNSON M.D. Naval Hospital, Bethesda, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Key West Florida 6-29-1967 Key West City Cemetery Jos. Gawler & Sons ADDRES Leveler Some 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 5130 Wisconsin Ave., N. W. Washington, D. C.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08279 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) completely filled in by the funeral dve corban papers. Pages 1 and Montgomery a. COUNTY o. STATE MONTGOMERY MA RYLAND MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, papers. Pag hin 72 haurs o write RURAL and give nearest tawn)
BETHESDA CHEVY CHASE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS U.S. NAVAL 7605 MEADOW LANE YES NO [E. NAME OF First Middle 4. DATE Year Last Day DECEASED CHARLES ARMSTRONG JUNE DEATH 19.67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Manths Days Hours MALE CAUG remo SEPT. 25 1886 WIDOWED DIVORCED and in any attending physician and permit. Then please rem 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY during roost of working life, even it retired). NDUSTRY NIH ALLIANCE. OHIO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME THEODORE ARMSTRONG EMMA BERTOLETTE 17. INFORMANT MD. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, ar unknown) (If yes give war ar dates af service) 50 7605 MEADOW LANE CHAS CHEVY 44 5568 MARY E ARMSTRONG 18. CAUSE OF DEATH (Enter only one cause per line for (o), INTERVAL BETWEEN (b), ond (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO burial, Chronic Pyelonephritis Conditions, if any, which gave vears rise to immediate cause (a), DUE TO stating the underlying couse as the Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been priar to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use YES 🔀 NO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office blda., etc.) Nat While at work at wark pe JUNE 22, 1967, that (1) (we) last JUNE 20 , 1967 , ta 21. I certify that (1) (this hospital) attended the deceased fram_ shauld 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. F. H. O'CONNELL JUNE 22 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) US NAVAL HOSPITAL BETHESDA F. H. OCONNELL directar, should be 23b. Date thereof 26 Jun 67 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 26 REMOVAR (TRACITY) SENECAVILLE CEMETERY SENECAVILLE 24. FUNERAL DIRECTOR Joseph 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Gawler's VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120180

			08291 CERTIFICATE OF DEATH
that the deoth certificate be executed within 24 hours ofter deoth an. by the ottending physician and completely filled in by the funerol ronsit permit. Then please remove cothon papers. Pages I and cremation, or removal, and in any event, within 72 hours ofter death.		1	PLACE OF DEATH 1. CDUNTY Mont gomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY DON'T COMERY
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OR ATTEND be retoined be DIRECTOR: Af Je 3 should be ed with the S			21. I certify that (1) (this hospital) attended the deceased from 7-5, 1967, to 6-24, 1967, that (1) (the) la saw the deceased alive an 6-23 1967, and that death accurred at 2.50 MM, from causes and an the date stated above 220. SIGNATURE
			M.D. PHYS. DIRECTOR PHYS. DIFECTOR PHYS. DIFECTOR PHYS. DIFECTOR DIFECTOR DIFECTOR DIFECTOR DIFECTOR DIFECTOR DIFECTOR DIFECTOR DIFFECTOR DIFFETOR DIFFETO
TO HOSPITAL Poge 4 moy TO FUNERAL director, pag	1		NAME (Type) Stuart L. Nelson 831 Univ. E., Silver Spring, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Q Q = 5 5 VR A15 (4)		724	FUNERAL DIRECTOR Stand 8434 Georgia Avenue 250, RECID BY REGISTRAR 256, RECIDENTAR'S SIGNATURE 250, RECIDENTAR'S S

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages of and nation, ar removal, and sevent, within 72 hours after that PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. Maryland b. COUNTY Montgomery MARYLAND h. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Darnestown Darnestown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD.# 3 Gaithersburg RFD # 3 Gaithersburg YES X NO 3. NAME OF Middle 4. DATE Firs1 Lost Doy Year DECEASED ATHEY, Sr. 19 (Type or print THOMAS DEATH June 10,1967 S. SEX 9. AGE (In years F UNDER T YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** 7 2 lost birthdoy) Months Doys Hours 2/19/95 WIDOWED DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA COUNTRY? Virginia Retired armer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S. Athey Lettie Hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give wor or dotes of service) 216-30-4170-A Willie B. Athey-Item# 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c, TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (County) Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this haspital) attended the deceased from apul , 1959, to 10 yune 1962, that (I) (we) last shauld saw the deceased alive an 10 med 1967, and that death accurred at 120 P. M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 1 M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Wm. S. Murphy Rockville, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 6/13/67 Darnestown Church Cem. Darnestown, Md. Burial Charles Tyson Wheeler Funeral Home-1331 Rockville VR A15 (4) 20 M 1/66 Rockville. Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH". HEALTH DEPT. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND Marvland b. CITY OR TOWN (If outside corporate Ilmits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral c. LENGTH OF STAY IN 1b тау write RURAL and give nearest town) Sandy Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) he d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 33.33 State Box 33 NO SC. YES Montgomery General Hospital 3. NAME OF 4. DATE Middle Last Month DECEASED 6 (Type or print) DEATH 11 19 67 Elaine 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED X last birthday) | Months | Days Hours DIVORCED [WIDOWED Female Colored 4-26-65 2 yrs. event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Give INDUSTRY pages 1 in any Child None Baltimore. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours in Item 18 File James Hill Frances Austin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Medical Records Montg. General Hospital None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) didd// Congestive heart failure l-transit ition, or nr. burial-trans cremation, DUE TO Congenital heart defect Conditions, if any, which vrs. (b) gave rise to immediate DUE TO stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Sin co NO [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | P CAUSE OF DEATH. 3 shoul 20f. (City or town) MEDICAL 120e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While While CIUR: Page designated at work at work Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and In my opinion Undetermined manner death resulted from: Natural causes X. Suicide Homicide Accident CHIEF MEDICAL EXAMINER your Jan S. Ball 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 5 DEPUTY MEDICAL EXAMINER FUNERAL I **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) G.E 0 6/15/67 ASH MEMORIAL CEMETERY SANDY SPRING, MONTG. **BUR IAL ADDRESS** 24 FUNERAL DIREGTOR gelianles wden ROCKVILLE, MD. 3500 4-64

bunline's CC 705 losking former was morned herring of many intanul anches ters will demine the tender, though the liver - month Shap rack 6/15/67 ASH NEMONIAL CENTERY SHOP SMITHS, MONTES, MO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 22201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY MARYLAND LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) van papers. Pag d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 NO X carban NAME OF First 4. DATE Month Dov Year DECEASED (Type or print) 19 DEATH event SFX AGE (In years lost birthdoy) IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR-OR RACE 7 MARRIED DATE OF BIRTH Doys Hours white any DIVORCED WIDOWED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY COUNTRY mistrens retired 13. FATHER'S NAME MOTHER'S MAIDEN NAMI the attending phys 19-WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, grunknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO signed t Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) charages YES NO Page 4 may be retained by the haspital ar far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased fram Jan - 1 -196 3 ta 82112 - 21-1962, that (1) (we) last pluons and that death accurred at M. fram causes and on the date stated above. MME-18-1967 saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. filed director, page shauld be filed 7-Breeks 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) marys Surra 24. FUNERAL DIRECTOR **ADDRESS** 25b REGISTRAR'S SIGNATUR tner Gaothersburg. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08295 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a STATE b. COUNTY Montgomery MARYLAND Marvland Montgomery b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) by d. STREET ADDRESS Olney Dave d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? ⊆ within 72 h YES NO T Montgomery General 19 Cedar Ave. completely fi Middle NAME OF First 4. DATE Day Year DECEASED (Type or print) DEATH Milton Brook Austin IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED remave last birthday) Manths Dovs Haurs WIDOWED DIVORCED 10-9-83 Male White and IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) during most of working life, even if retired) physician (en please R MOUSTRE d COUNTRY? Carpenter Maryland TI S A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Elizabeth Rawline Mahlon Austin 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 17. INFORMANT (Daughter) 16. SOCIAL SECURITY NO. 579-10-0278 Mrs. Erances A. Peyton-7807 Brickyard Rd. crematian, Potomac. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH riosclevotic Iteaut IMMEDIATE CAUSE (a) Congestiur Canditians, if any, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use Health Prostate Gland NO 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 2Dc. TIME OF INJURY Manth, Day, Year (County) (State) Hour a.m. factory, street, affice blda., etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased fram. to 6-24-67, 19, that (1) (max) last 6-20-57 1967, and that death accurred 1815 AM, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an___ 220 SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S Jack Schumacher Gaithersburg, Maryland director, po shauld be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) Montgomery, Md. REMOVAL (Specify) 6/27/67 Bethesda. Mt. Zion ADDRESS 1331 Rockville Pike 24. FUNERAL DIRECTOR 2So. REC'D, BY REGISTRAR VR A15 (4) Tyson Wheeler Funeral Home Rockville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08285

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	00630	CERTIFICATE	OF DEATH	
IVI	PLACE OF DEATH O. COUNTY MONTG-OME A	R Y MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institute o. STATE Many 19nd b. COL	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and gip nearest town)	(LENGTH OF STAY IN 16 18days / 13/2 hrs.	c. CITY OR TOWN (If possible corporate limits, write RI Silver Spring	15.1
71	d. NAME OF HOSPITAL OR INSTITUTION (IF not in Washington Santarius	m +HospitaL	d. STREET ADDRESS MY HAMMAN WWW.	YES NO D
	3. NAME OF DECEASED (Type or print) Edward	John B	annon 4. DATE June	7 1967
	Male White	WIDOWED DIVORCED	Teb, 8, 1893 9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S. A
	Simon Bannon		Sarah Devers	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of ser		spital Records 7600	Carroll Rue.
	18. CAUSE OF DEATH (Enter only one couse p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line for (o), (b), and (c).)	topri	INTERVAL BETWEEN ONSET AND DEATH
H	Conditions, if ony, which gove (b)	from Car	womay the Jung	
	stoting the underlying couse lost. DUE TO	•	0	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CLEAVE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour arm. 19		E OF INJURY (Home, form, pry. street, office bldg., etc.)	(County) (Stote)
	saw the deceased alive an	attended the deceased fram	may , 1967, to June death accurred at 417 M, from causes	7, 196 that (I) (we) loand an the date stated above
	220. SIGNATURE Brook	ed M.D		36. DATE SIGNED 1967
1	22c. PHYSICIAN'S NAME (Type) Rubsell	CBUFALINO M.		bold w. Silver Jerry
0	230. BURIAL, CREMATION, 23b. DATE THEREOUS ARMOVAL SPORTS TO JUNE	1967 GATE of HEAV.	EN (EMETERY DIS-VER)	PRING MD.
	PINALDI TUNERAL	HORES 1400 CA. ALE		Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR 25/

A rampe to Mill party files 21/20 . Spring manual thems Washington Santagum Haspital HarlIndigo to Edward John Bannon June Male White 1 ... 2 1893 199 ZONA DENEZ 577-103-5449 1850 1656 X Cross 45 - 174 000 461 11 11 11 The state of the s The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08286

08297	CERTIFICATE	OF DEATH		00.00
1. PLACE OF DEATH				tion: Residence before odmission)
o. COUNTY	MARYLAND	o. STATE	b. (01)	a plant of the same of the sam
b. CITY OR TOWN W outside corporate mits,	c. LENGTH OF STAY IN 1b	The second second	ide carporote limits, write RU	IRAL and give nearest town)
prite RURAL and give nearest tawn)		1.0	/	
There were the state of the sta	1-year	Delver	Daring	15 DE DECIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS	00,	e. IS RESIDENCE ON A FARM?
10901-Amherst	ave.	10901-0	mount o	fre , YES NO D
3. NAME OF First	Middle	Last	4. DATE June Mor	nth Doy Year
(Type or print)	BARA	CK	OF DEATH	- / 1967
S. SEX 6. COLOR OR RACE 7. N		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
m. l. opf. + w	DIVORCED DIVORCED	7-17-90	lost birthdoy)	Months Doys Hours Min.
0o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT
uring most of working life, even if retired)	INDUSTRY	11. DIKIHIPLACE (COUNTY &	store, or loreign country)	COUNTRY ?
Clectrician	1. J. Has Light.	autria		u.s.a.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		Unknow	n_	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) ((If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addı	ess L. 1
(Tes, no. of Unknown) (IT yes give wor of dotes of serv	Les 2/2 h m	· 1 - 1:	Roseh	10901- ambunt
18. CAUSE OF DEATH (Enter only one couse per	line for (a) (b) and (c))	· manu	Marach	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1-1	Infarct	* du	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Myocardial	INTLYCL	ION	1 day
AGO DUE TO	A Terior Perote	11 4	0.	21.0
Conditions, if ony, which gove (b)	A renosclerou	c rears	Piscase	unangun
stoting the underlying couse DUE TO				Sept III BURGES III JAI
lost. (c)_				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLOUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)				YES NO W
20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Pr	art L or Port II of item 181	125
OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW WOOK! OCCURRED.	Emer notore or injury in re	on tot ton it of item 15.	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	and the land of th	e as minou in	I 001 (6)	(6)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
p.m. 19	ot work at work	3,		
21. I certify that (I) (this hespital	attended the deceased fram	Wal. 19	65, to 6-1-	
saw the deceased alive an	6-/ 1967, and that	death accurred at_	M, fram causes	and an the date stated above
22o. SIGNATURE		ITTENDING /	ED STAFF	22b. DATE SIGNED
marin Pe	M.D		IED. IRECTOR PHYS.	1 6-1-67
22c. PHYSICIAN'S	8	22d. ADDRESS		
NAME (Type) Morris Perry	m M.D.	11602 Geor	gia Ave. S.S	. Md .
23 BURIAL CREMATION, 23b. DATE THEREOF			23d. LOCATION (City or To	
DEMOVAL (Specify)	1 1 1 no	A A	23d. LOCATION (City of It	(Store)
Durial 6-2-6/		n. Vaca	ralls in	uch Virginea
24. FUNERAL DIRECTOR	ADDRESS	250. REC'D	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave, carban papers. Pages A-and shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs offer dash VR A15 (4) 25M 1/67

8 12 112 L'one dilentement 10 minterest die - 10 milion de al des BARACK MAX Mak 236 6 7.12 80 76 Clatines " W. Ma Hight district 1 2 6 V Harmon Elphinoine me was the the mandali harak the The 6204 Patt Men ask Jalle Theret, Elec Believe The water from 112 are the growth of the state of

funeral 0 VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before edmission) e. COUNTY b. COUNTY Montgome ry Paruland MARYLAND Tontgomeru b. CITY OR TOWN (if outside corporete limits. c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) 2 years Kensinaton Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3215 University Roulevard West 3215 University Blud. YES NO X 3. NAME OF Middle DECEASED 1 DA (Type or print) ANTOINETTE DEATH 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS lest birthday) Months WIDOWED X DIVORCED temale. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retiradl U.S. Gout. Washington, D. Retired clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis P. Holmes Isabelle Kelser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of sarvice) Francis G. Read None None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE 2 WEEKS IMMEDIATE CAUSE (e) DUE TO ARTERIO SCLEROTIC CARDINASCULAR Conditions, if any, which (b) geve risa to immadiate ceuse DUE TO (a), steting the undarlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116-11 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Se 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from TULY, 1963 to TUNE 7, 1967, that (I) (we) last saw the deceased alive on. TUNE 5.19.67, and that death occurred at 632M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING MED SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Cemetery

236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
REMOVAL (Specify)
Surial

24 FUNERAL DIRECTOR'S SIGNATURE
Warners & Pumphrey, Inc. Silver Spring, Md. DATE N 1 2 1967

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Warners & Pumphrey, Inc. Silver Spring, Md. DATE N 1 2 1967

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MARYLAND STATE DEPARTMENT OF HEALT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08299	CERTIFICATE OF DEATH	08288
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dece	esed lived, If Institution, Residence before a

e. COUNTY				CE (Where decessed lived, If Ins b. COUNTY	titution: Residence before admission)
	ontgome ry	MARYLAND	a. STATEd.	Mc	ont.
	(if outside corporate limits, and give neerest lown) Kensington	c. LENGTH OF STAY IN 16		If outsida corporata limits, write R FOOD	URAL end give neerest town)
d. NAME OF HOS	PITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
	Manor Health Ca				YES NO K
3. NAME OF DECEASED (Type or print)	Minnie Hinnie	Middle Bell	BEALL	4. DATE Month OF DEATH JUNE	= 15 1967
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
F		WED DIVORCED	5/19/1900	last birthday) N	Months Days Hours Min.
	vorking life, evan if retired)	KIND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Wil	lliam H. Coleman	1	Net	ttie Butt	
(Yes, no, or unkown)	VER IN U.S. ARMED FORCES? (Ifyes givewer or dates of service)		NFORMANT	Address 400 35 amount	S+ Mool-177
NO CAUSE OF	DEATH (Enter only one cause p		Rowland O. Be	eall 602 Monro	St. Rockville,
the state of the s	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lypoprole	monio		ONSET AND DEATH
1992	DUE TO /	NI O	11/1 ×	(
Conditions, if ea		vonce Ne	hely at	70m	
gave rise to imme	DUE TO		4-1	11 //	+ 1
cause last.	(c) (a	remonu!	oses- Un	ugen asse	Kenned
PART II. OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTH					YES NO X
OR CONTRIBUTION	WAS UNDERLYING [20b. E G [CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Pert II of item 18.)	
20c. TIME OF IN.			CE OF INJURY (Home, farm		(County) (State)
Hour e.m.	at a	hile Not While fact	//	10/	M
21. I certify	that (I) (this Vospital) att	ended the deceased from.	June 1	19.6/10 June 15	
	ased alive on lunge	1		6M, from the causes an	nd on he date stated above.
22e. SIGNATUR	about I for	wooden	D. PHYS.	MED. STAFF DIRECTOR PHYS.	June 15- 67
22c. PHYSICIAN	ERT V. VA	HBADEAU	ROCKV.	ILLE MD	20852
	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
REMOVAL (Specif	6-19-67	Rockville U	nion	Rockville	Md.
24 FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	25a. REC		TRAR'S HIGHATURE
Francis	H. Barber L	ay tons ville, Md.	DATE	1 50 1201 P.	0 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 08300 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Prince Georges Montgomery County Maryland MARYLAND by the n b. CITY OR TOWN (If outside 2000 the lines Hamps 14 15 HOGH OF VIAY IN 16 write RURAL and give negrest fown) 55 days c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hyattsville papers. .⊑ d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled Colonial Villa-12325 New Hampshire Ave. 1206 Parker Avenue 3. NAME OF First Middle DATE Last Manth POG. PD WI campletely DECEASED Julian Belfield (Type or print) DEATH car IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED eve remaye last birthday Months 7-27-85 Male. White WIDOWED DIVORCED In any and 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY physician Westmorland Co., Va.. Post Office 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, LeRov Belfield Mary Spillman attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, ar unknown) (If yes give wor or dotes of service 77-52-6676 No Hyattsville, Mawland burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed ! DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause ar attending as the last. has

12. CITIZEN OF WHAT COUNTRY? U.S. Mrs. Julian Belfield, 1206 Parker Ave.. INTERVAL BETWEEN ONSEJ AND DEATH 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (State) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While . 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram and that death accurred at 2 PM, fram causes and an the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Marvland 6/15/67 Suitland Cedar Hill Burial Cemeterv Wm. Lees Sons. 300 4th St. NE. Wash. T 24. FUNERAL DIRECTOR

e. IS RESIDENCE ON A FARM?

YES

Day

Days

NO K

Year

19 67

IF UNDER 24 HRS.

Haurs

TO FUNERAL 25M 1/67

directar, page 3 shauld be filed v

Health

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detached

certificate

Page 4 may be retained by the hospital

DIRECTOR:

A CONTRACTOR AND A CONTRACTOR OF THE SECOND MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomery b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Swrite RURAL and give nearest town) uears d STREET ADDRESS 200 16th St., N. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Sylvan Manor Nursing Home YES NO NAME OF Middle 4. DATE Year DECEASED Mamie Doss (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED Dec B. DAT DATE OF BIRTH lost 01 5, 1865 birthday) Manths Doys Haurs Min. temale white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Ret. Resident Manager COUNTRY? Flord County. Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME leutener 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Box 153A (Yes no, or unknown) (If yes give war ar dates of service -24-2386 18. CAUSE OF DEATH (Enter only one couse per line for NTERVAL BET PART I. DEATH WAS CAUSED BY: ONSED AND WEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, affice bldg., etc.) Haur o.m. Nat While 21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 100 M, fram causes and an the date stated above saw the deceased alive an 22a. SKONATUR ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) **8URIAL, CREMATION** 23b. DATE THEREOF (County) (State) 23a REMOVAL (Specify) Newbern Cemetery Alabama 1967

25o. REC'D 8Y REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4)

director, poge should be filed

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death

Pages

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buriol, cremation, or removol,

signed by the buriol-tronsit

be retoined by the hospitol or ottending physicion.

this certificate has been

DIRECTOR: After

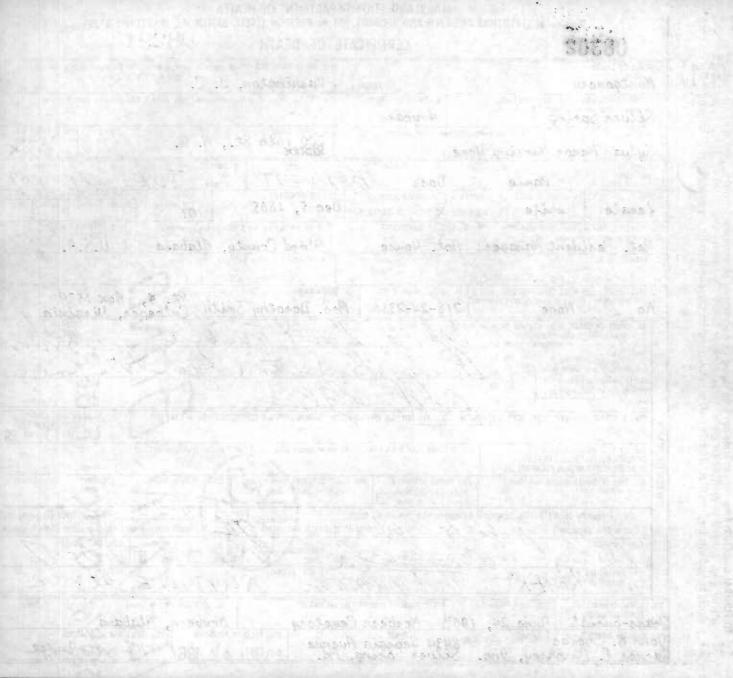
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papers. Pages hin 72 hours of



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08292 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ONTGOMERY MARYLAND c. LENGTH DE STAY IN 16 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) OMA PARK **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hou e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS popers. 7520 MAI NO K YES NAME OF DATE carbon Lost Year DECEASED DEATH 196/ AGE (In years IF UNDER UNDER 24 HRS NEVER MARRIED remove last birthday) Months DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME cremotion, or removol, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
 PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Canditians, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or attending hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING Ashter noture of injury in Port I or Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, 20c. TIME DF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram_ 1967, that (1) (we) last director, page 3 shauld should be filed with the saw the deceased alive on 15 1967, and that death occurred at M, fram causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6-17-1967 Cemetery Cedar Hill Suitland Burtal 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

Gawler's Sons.

Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH

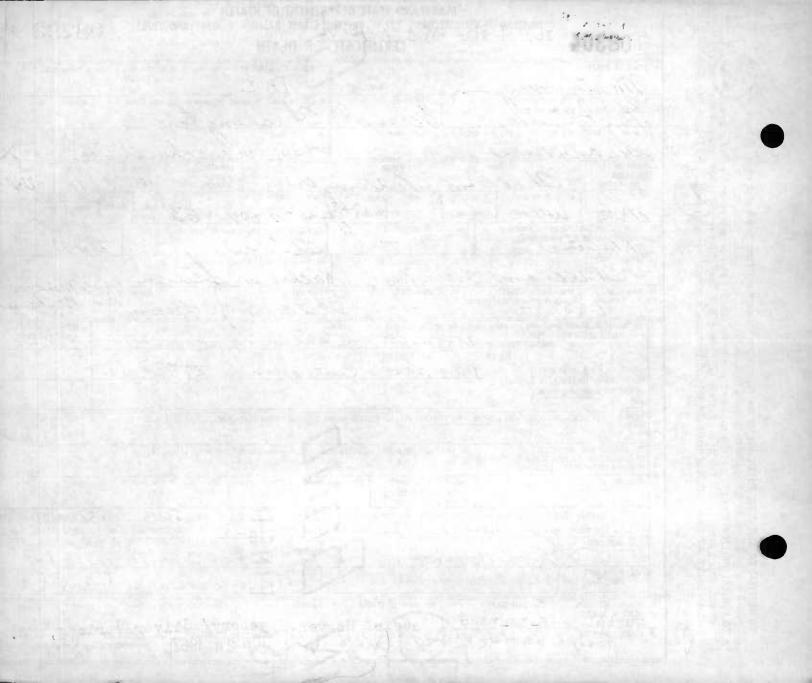
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #1 Film #0390 6/29/67 pc

	U8304 CERTIFICATE	OF DEATH	
	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY	7
	Montgomery MARYLAND	D.C	
	b. CITY OR TOWN AT outside corporate Artits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Betherda Clayo	Hashington. 47.3	
136	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?	
J	Suhurdan	1 730/ Massachuett Cene YES 1 NO)	X
	NAME OF First Middle DECEASED First	Lost 4. DATE Month Doy Year 6	7
	(Type or print) dilliam Derin	QUE DEATH 6 - 1/- 1968	11
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI Jost birthdoy) Months Doys Hours Mil	-
	male white widowed divorced	Kese 2-1904 63 vis.	
10o dur	. USUAL OCCUPATION (Give kind of work done increase of working life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
	Thelliam Beringer	Kathrum Stank	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address Company	-
(У∈	s, no, or unknown) (If yes give wor or dotes of service)	Velliam 1. Beringer Bellich	K
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) METASTATIC C	ARCITOMA RECTUM 2 NOTES	12
	1550 DUE TO		
	Conditions, if ony, which gove) (b) PRIMARY CI	ARCANOMA LIVER	
	rise to immediate couse (o), (Due TO		
	stoting the underlying couse last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY	-
HOI	THE STATE OF THE S	PERFORMED?	
FICA	20₀. ACCIDENT WAS UNDERLYING ☐ 20♭. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
ERTI	OR CONTRIBUTING CAUSE OF DEATH	(citier noture of injury in Port I of Port II of IIem 18.)	
AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	CF OF MUNDY IN	
MEDICAL CERTIFICATION	Hour o.m. While - Not While foct	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.)	
Z	p.m. 19 at work U ot work U		
H.	21. I certify that (1) (this hospital) attended the deceased from	JAN, 1952, to JUNK, 1967, that (1) (we)	
		death accurred at <u>920</u> M, fram causes and an the date stated abo	ave
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED	
	M.E.	D. PHYS. DIRECTOR L. PHYS. L. C////C/	
	22c. PHYSICIAN'S NAME (Type) DRLESO I DONOVAW	12d ADDRESS VISCONSIN AUG CONTAIN	
-		10 to the same of the	
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	1
0.1	Burial 6-14-1967 Gate of He	aven Cometery/ Silver Springe Md	
24	FUNERAL DIRECTOR Cawless & tons ADDRESS Wash	256. PECO BY REGISTRAR 67 256. REGISTRAR'S SIGNATURES	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the forestal director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any eleat, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oft Poge 4 moy be retained by the hospitol or ottending physicion. VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2)201 CERTIFICATE OF DEATH 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND amery rs. Pages b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN of autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) uegrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM 0 00 YES NO within 3. NAME OF Middle 4 DATE Manth Doy Year DECEASED OF DEATH 10 (Type or print) 19 6 SFX 6. COLOR 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS remove last birthday) Months Dovs Hours WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) Betco COUNTRY? certificate Quality Control engineer Lectronic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Charles Bettinger unknown Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15000 Donna Drive Bettinger (Yes, no, ar unknown) (If yes give war ar dates of service Vone Silver Spring, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) p 11201 DUE TO signed Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying cause Health prior ta use as th last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH d etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased from be retained TO FUNERAL DIRECTOR: and that death accurred at 11:00A M, fram couses and on the date stated above saw the deceased alive an 19 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. director, page should be filed 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Gate of Heaven Cemetery 25h. REGISTRAR'S SIGNATURE VR A15 (4) ocharles 25M 1/67 DATE

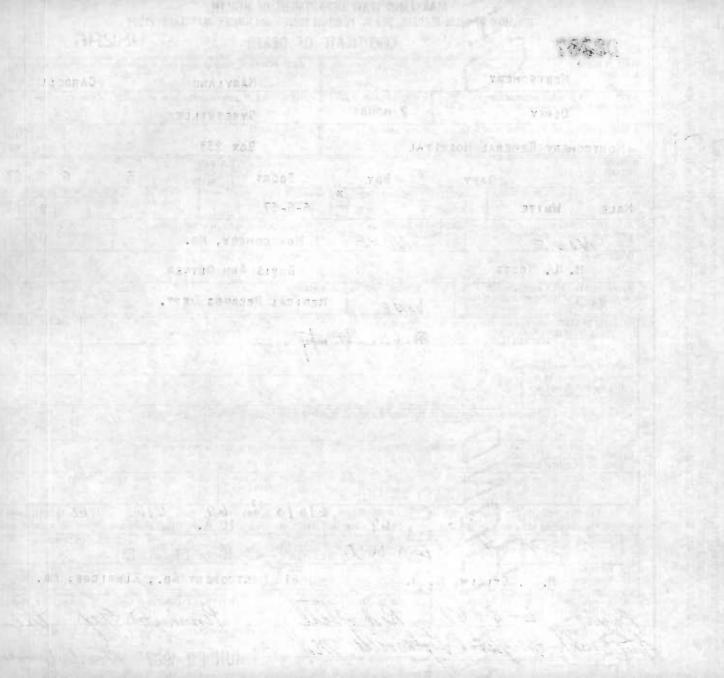
MARYLAND STATE DEPARTMENT OF HEALTH

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tem 18 Film 389 6-19-67 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Montgomery MARYLAND Alabama c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neagest town) 17 days Attalla Bethesda (rural) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 98 Cleburne Street Naval Hospital YES NO EX NAME OF First Middle 4. DATE Lost Month Year DECEASED 1967 **BIGHAM** June 6 Phyllis Marilyn DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED WIDOWED Oct. 31, 1923 Female Cauc 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Denver Colorado USA OWN 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Rudd unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Attalla Alabama permit. (Yes, no. or unknown) (If yes give wor or dotes of service) 0 Mr. Billy J. Bigham, 98 Cleburne St. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Exsanguinat buriol-transit p Exsanguination intra thoracic, and retroperitoneal ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Cardiac surgery with cardiopulmonary bypass Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Rheumatic heart disease with mitral valvulitis O FUNERAL DIRECTOR: After this certificate hos been as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES DOC NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that x(1) (this haspital) attended the deceased fram May 20 , 1967, to June 6 , 1967, that x(1) (we) last saw the deceased alive on June 6 1967, and that death accurred at 150PM, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. , U.D. M.D. 7 June 1967 director, page should be filed Naval Hospital, Bethesda, Maryland 22c. PHYSICIAN'S NAME (Type) Perry Ah-TYE, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, TREMATION, 23b. DATE THEREOF (County) (Stote) Attalla Cemetery Attalla, Alabama 259 RECID BY REGISTRAR 196 256 REGISTRAR'S SIGNATURE W. W. Chambers Co. VR A15 (4) 20 M 1/66 1400 Chapin St., N. W. Washington, D. C.

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	NAME OF TAXABLE PARTY.	AS THE RESERVE OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08296 CERTIFICATE OF DEATH 08307 within 24 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY CARROLL MARYLAND MARYLAND fiffed in by the Te b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) within 72 haurs 2 HOURS SYKESVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Box 233 MONTGOMERY GENERAL HOSPITAL YES | NO [3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) 19 67 Boy Boggs BABY DEATH COL **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WHITE 6-6-67 MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA MONTGOMERY. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava H. L. Boggs DORIS ANN OLIVER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 70 MEDICAL RECORDS DEPT. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove (b) rise to immediate cause (o). DUE TO stoting the underlying couse certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased from 6 6 6 7 8 9 1967, ta . 1967, that (1) (we) last 616 O FUNERAL DIRECTOR: sow the deceased alive on, 1967, and that death occurred of 10 A.M. from couses and an the date stated above 616 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 818 MONTGOMERY RD., ELKRIDGE, MD. H. S. CELGIN, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. 23d LOCATION (City or Town) (County) (Stote) SMOVAL (Specify) 25b. REGISTRAD'S SIGNATURI PUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08308 CERTIFICATE OF DEATH hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Washington. D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Potomac Valley Nursing Home 1236 11th Street NO I YES NAME OF Middle DATE First Lost Manth Day Year DECEASED BNC 19 DEATH . requires that the death certificate be executed S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR NEVER MARRIED remove last birthday) Months Dovs Hours ond in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BHRTAPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician on pleose COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, James McNamara Margaret Bowles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service Wilson-5013 Allen Rd Sarah A. York town, Vindit wheeled 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retoined by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to last. WAS AUTOPS PART D. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO certificote 20b. DESCRIBE HOW UNDURY OCCURRED. (Enter notion of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from director, page 3 should should be filed with the and that death accurred a? :30 AM, from causes ond on the date stated above. DIRECTOR: saw the deceased alive on the Co 19 (7. 220. SIGNATURE 22b, DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Georges Md. Prince. Co. 6/20/67 Cedar Hill Cemetery 2 24-AFUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

.d .d .madonidagh TO THE STATE OF THE PARTY OF TH of any Committee of the Balling Jacobs BORTALION SPINS BH To LA CIOR-Ros (3) . A day Sgroot 41 tra Log at a 2 Land To discount of Coder Ht L. Comptone | Epingo Control Epingo Control Eq. 24.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08303 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOME MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) ent, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V RSING NAME OF Middle DATE Year DECEASED OF BOWEN 19 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED eV. lost birthdoy) Months Hours AUC WIDOWED DIVORCED the attending physician and sit permit. Then please rem 5 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) and in COUNTRY ? during most of working life, even if retired) INDUSTRY WORKING 11)000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. WEL 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dotes of service BANKN. (Same Re cremotion. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)/ond (c).) INTERVAL BETWEEN burial-transit p PART I, DEATH WAS CAUSED BY ONSED AND DEATH IMMEDIATE CAUSE (o) þ by the hospital or attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the k f Health prior to b stoting the underlying couse this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) While Not While OR ATTENDING O FUNERAL DIRECTOR: After ot work pe 21. I certify that (I) (this haspital) attended the deceased fram 19.65 ta Poge 4 moy be retained 3 should with the and that death accurred at 12 3 M. from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF 167 M.D. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S GRAZIANI NAME (Type) 10101 EORGIA NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) **ADDRESS** 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sb. VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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PLACE OF DEATH o. COUNTY MARYLAND S. C. STATE Maryland M						
MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF FIRST Middle Last 4. DATE OF OF OF OF OF OF OF OF OF O						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Li days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Liniversity Nursing Home 3. NAME OF DECEASED (Type or print) Caus. WIDOWED DIVORCED JAYANE DIVORCED JOEATH DOUBLE STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bathesda d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDER ON A FAR YES NA YES NA ANAME OF DEATH BOWEN DEATH BOWEN DEATH 9. AGE (In years life under 1 year) Industry Months Doys Hours 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Engineer 104. MOTHER'S MAME John Edward Bowen 165. SOCIAL SECURITY NO. 176. INFORMANT Address						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) University Nursing Home 3. NAME OF DECEASED (Type or print) F. BOWEN Caus. WIDOWED DIVORCED 3/4/1898 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Majobard Bowen 11. days Bethesda J. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS 4. DATE OF BIRTH OF DEATH 6 1.9 19 6 19 6 19 6 19 6 19 6 19 6 19 6 1						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) University Nursing Home 3. NAME OF DECEASED (Type or print) F. BOWEN SEX Month OF DECEASED (Type or print) Caus. WIDOWED DIVORCED 3/4/1898 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done INDUSTRY) Maintenance Engineer 104. STREET ADDRESS 6. STREET ADDRESS 125. Manth OF DEATH 126. Dovy Year OF DEATH 127. MARRIED NEVER MARRIED 187. DATE OF DEATH 128. DATE OF BIRTH 137. A4/1898 149. State, or foreign country) Parkersburg, W., Va. 140. MOTHER'S MAINE 150. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 171. INFORMANT Address						
University Nursing Home 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH OF DIVORCED 19 OF Months						
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3/4/1898 S. DATE OF BIRTH 9. AGE (In years late of the print) NEVER MARRIED 3/4/1898 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Engineer 101. KIND OF BUSINESS OR INDUSTRY 102. CITIZEN OF WHAT COUNTRY? USA 103. FATHER'S NAME John Edward Bowen 14. MOTHER'S MAINE Mary Gove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED 3. JA 1 1. BIRTHPLACE (County & State, or foreign country) VISA 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Engineer 10b. KIND OF BUSINESS OR INDUSTRY NEVER MARRIED NEVER MARRIED JOHN Edward Bowen 10b. KIND OF BUSINESS OR INDUSTRY NOTITION (Bive kind of work done invertiged) NAME OF DEATH BOWEN S. DATE OF BIRTH 3. JA 1 898 19. AGE (In yeors labely introduced) Months Doys Hours 10c. USUAL OCCUPATION (Give kind of work done invertiged) Notition in the state of the						
(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3/4/1898 9. AGE (In years land of wirthdow) North Doys North Divorced North						
5. SEX 6. COLOR OR RACE Caus. WIDOWED DIVORCED DIVORCED 3/4/1898 9. AGE (In yeors log orthodoy) WIDOWED DIVORCED Months Doys Hours DOys Hours DIBIRTHPLACE (County & State, or fareign country) Parkersburg, W., Va. DAN HOUSTRY USA 14. MOTHER'S MAIDEN NAME DOYS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
M Caus. WIDOWED DIVORCED 3/4/1898 last birthdoy) yrs. Months Days Hours 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10c. USUAL OCCUPATION (Give kind of work done industry) 11c. CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Edward Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
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Maintenance Engineer 13. FATHER'S NAME John Edward Bowen 14. MOTHER'S MAIDEN NAME Mary Gove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:						
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Canditions, if any, which gave) (b) Callo Caller and slike 1						
rise to immediate couse (o), stoting the underlying cause DUE TO						
last. (c)						
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S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely—med in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pag shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours VR A15 (4) 20 M 1/66

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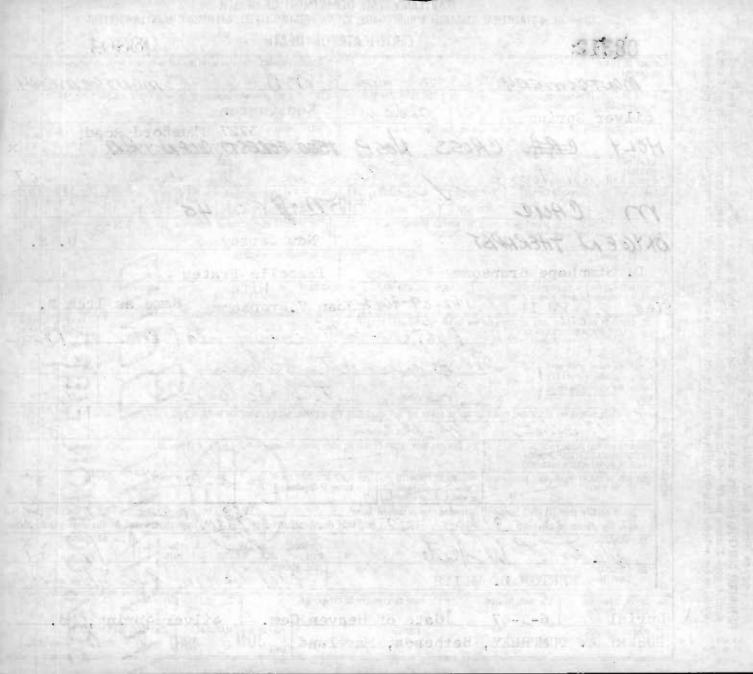
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) .. COUNTY Montgemery b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) de a write RURAL and give nearest town) Silver Spring 57 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Holy Cross Hospital of Silver Spring 1712 Noves Land YES NO X 3. NAME OF DATE Month paper e DECEASED compl (Type or print) DEATH 23 19 67 June and col withi 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months 9/29/05 Male White WIDOWED DIVORCED remove 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland USA 14. MOTHER'S MAIDEN NAME ing attendi <u>a</u> (Inkown) | (If yes give war or dates of service 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: weeks IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. of work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. death. Page O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town BURIAL 흥 0 25b. REGISTRAR'S VR A15 (4) 15M 9/60

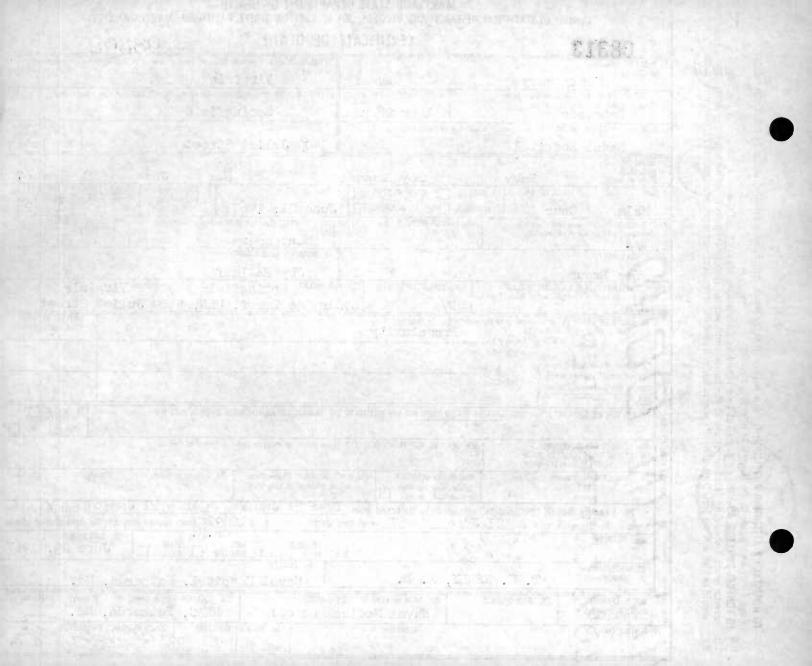
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MAKILAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. executed within 24 hours after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY MONTGOMERY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside carparate limits CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Kensington Silver Spring d. STREET ADDRESS 3227 Blueford Road filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) event, within 72 YES NO THE 4. DATE rsician ond completely f please remove carbon NAME OF First Last Day Year OF DEATH DECEASED 19 (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR SSEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED Jast birthdoy) Manths Days Hours and in any WIDOWED DIVORCED 11. BIRTHIPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT requires that the death certificate be during reast of working life/even if retired) **INDUSTRY** COUNTRY attending physician permit. Then please New Jersey S. OXYGER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D. Stanhope Bransome Isabelle Frates 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, na, or unknown) (If yes give war ar dates of service) -07 Same as Item 2. Joan V. Bransome Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditians, if ony, which gove rise to immediate couse (a). DUF TO far use as the L f Health priar tab stating the underlying cause **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 7 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) Hour a.m. at work , 1963, ta / June, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ May 1967, and that death accurred at 235M, fram causes and an the date stated above saw the deceased alive an 3 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR directar, page 3 shauld be filed v M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) MERTON L. WHITE 23d. LOCATION (City or Town) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, Burial (Specify) Gate of Heaven Cem. 6-3-67 Silver Spring. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S STGNATURE 24. FUNERAL DIRECTOR Valences PUMPHREY, Bethesda, Maryland VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH



and 3 to

any delay is.

This certificate should be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

in pencil in Item 18. Give Poges

and 2 With the State Department of the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Pag Health prior ta burial, crematian, or remaval, and in any event within 72 haurs after death 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08314

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08303

1. PLACE OF DEATH				ESIDENCE (Where d	leceosed lived, if institu		before admission)
o. COUNTY Montgomery MARYLAND		O. STATE	Maryla	b. (0)	6 / -	t gomery	
b. CITY OR TOWN (If outside corp	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b		c. CITY OR T		orparate limits, write R		
write RURAL and give nearest	town)			Rocky	11/4		15.1
d. NAME OF HOSPITAL OR INSTITU	JTION (If not in haspital, gi	ve street address)	d. STREET A				e. IS RESIDENCE
705 Cra	abb Ave.		.70	5 Cra	bb Ave		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	anges	Middle Allen.	Bro	W7 01		onth One	Doy Year 4 19 6 7
S. SEX 6. COLOR O	R RACE 7. MARRIED [NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In years last birthday)	The same of the sa	YEAR IF UNDER 24 HRS. Doys Hours Min.
W. W	- WIDOWED [DIVORCED [] APril	17 194	7 20 yrs.	mullins t	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of	work done 10b. KIN	ID OF BUSINESS OR OUSTRY		LACE (State or forei	ign country)		EN OF WHAT
Student		Mary	land		1.2	1.5 A.	
~	13. FATHER'S NAME		14. MOTHER	14. MOTHER'S MAIDEN NAME			
UrsePh T	Juseph T Brown		V	Virginia Derry			
15. WAS DECEASED EVER IN U.S. ARMI (Yes, ng_ar unknawn) (If yes give w		OCIAL SECURITY NO.	17. INFORMANT			ress	# 2
No	219	-4683/2	Josep	h T. Bro	own - fat	her sa	ame"item
18. CAUSE OF DEATH (Enter of	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Caroliac Decompensation.						
Conditions, if ony, which gove) (b) Valvular. Heart Disease -						42015	
Conditions, if ony, which gove	rise to immediate cause (a)						7.01
stating the underlying cause	stating the underlying cause Dut 10						
last.) (c)						Lie wie waren
PART II. OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature o	if injury in Part I a	r Part II of item 18.)		
20c. TIME OF INJURY Month, E			e. PLACE OF INJURY		20f. (City or town)	(Count	ty) (State)
Hour o.m.	19 While at work	Not While at work	factory, street, affic	e bldg., etc.)			
21. I certify that I to	ok chorge of the rem	oins described obov	e, held on Autor	osy X, Inst	pection 🔀 , Inc	quiry ,	ond in my opinion
deoth resulted from:							
1	CHIEF MEDICAL EXAMINER						
SIGNATURE							
EXAMINER'S Sohn	G. Ball			PUTY MEDICAL EXAM		1/4/	
NAME (Type)				dress (Street, city, t			
DEMOVAL (Specify)	b. DATE THEREOF	23c. NAME OF CEMETER			d. LOCATION (City or 1		County) (State)
	/7/67	Gedar Hi			ince Georg		
Tyson Wheeler Fur	neral Home-1	331 Rockvil	le Pike	2So. REC'D BY RE		REGISTRAR'S SIG	
	Rockville, M.	aryland		DATE N 8	1967	Lunde	Judge

VR A15ME (5) 6M 1/67

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) COUNTY hours b. COUNTY MARYLAND MEYU by fi b. CITY OR TOWN (il outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL end give neares) town write RURAL and give neerast town) .5 within filled d? NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO Bull papers. n 72 hou completely executed 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 196 Pour 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 99 carbo last birthday) Months Deys Hours Min. WIDOWED DIVORCED certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME .5 attending and Cora Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass removal (Yes, no, or unknwn) | (Ifyes giva wer or datas of sarvice) attending physician. as been signed by the Item 2 Dorcas V. Burdette. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: y the hospital or attending pnysical this certificate has been signed ed for use as the burial-transit parties to burial, cremation, IMMEDIATE CAUSE (a) dasio DUE TO Conditions, if any, which gava rise to immediata cause DUE TO (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO D YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH may be retained by the DIRECTOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, ferm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour e.m. Not While of at work at work 19 p.m. Dept. pe 1966 to Thene Z, 1967, that (1) (we) last plnods 22a. SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL Heath. Page 4 PHYS. DIRECTOR PHYS. page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Frederick Moonau filed , 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacily) のきる Wesley Grove Woodfield 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Olin L. Molesworth, Damascus, Md. VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE deloy is and 3 to Page with the Stote Deportment-of MARYLAND b. CITY OR TOWN (If outside porote lim C. LENGTH OF STAY IN 15 corporate limits, write RURAL and prive P.M3. write RURAL a d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREE Medical Exominer's Office olong with form in Item 18. Give Poges NO certificate should be executed within 24 hours ofter death. NAME OF Middle DATE Doy Year DECEASED OF DEATH (Type or print) 9. AG 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED after deoth e pagest land 2 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refited) INDUSTRY COUNTRY? in pencil i EATHER'S NAME 72 hours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit SONSET AND DEATH Coronary. Insufficency IMMEDIATE CAUSE (o) e, writing the word forworded to the Ch DUF TO ony Conditions, if ony, which gove rise to immediate couse (a). = DUE TO stoting the underlying couse puo OS last. 19. WAS AUTOPS?
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, 3 certificote, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. cremotion, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) DIRECTOR: Page at work ot work Inquiry 💢 Inspection X. 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Noturol couses deoth resulted from: Accident Suicide Homicide Undetermined monner funerol director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heolth prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County)

National Memorial Park

Wilson Blvd ton, Va. 22201

Arlington,

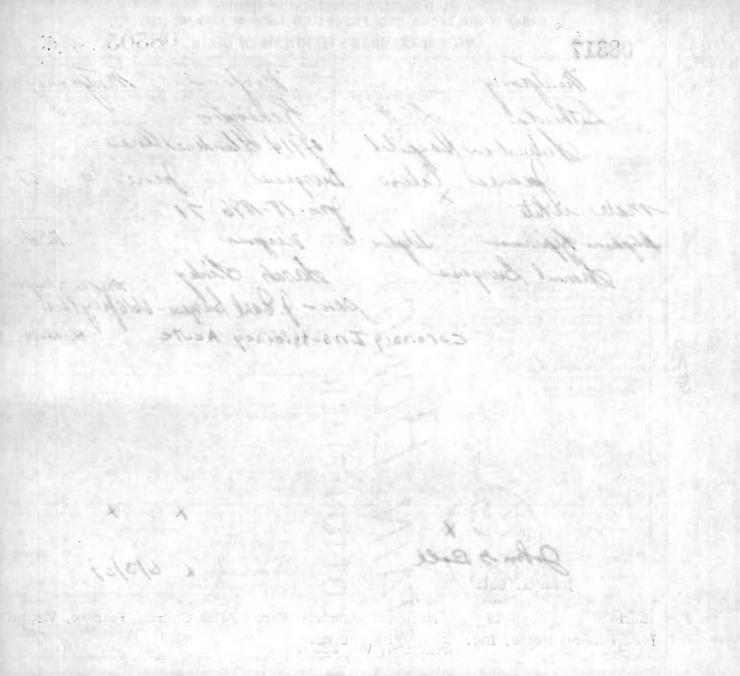
2So. REC'D BY REGISTRAR

Falls Church Fairfax, Virginia

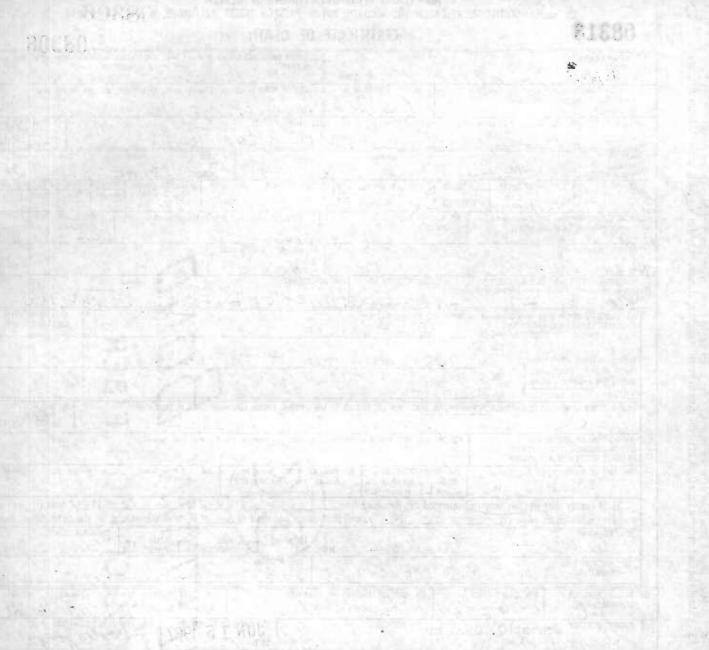
6-6-67

runeral Director ves Funeral Home, Inc.

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 201 08318 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and 2 ithin 72 hours after death. ond 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MONTGOME MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES NO D 3. NAME OF Middle DATE Month Lost Doy Year completely DECEASED OF DEATH WAY-196 (Type or print) 12 SFX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED WIDOWED 25-8 TE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) and in during most of working life, even if retired) COUNTRY? please INDUSTRY HOUSEWIFE 15A RGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remavol, Knupp NOAH IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH pticem IMMEDIATE CAUSE (o) by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending 19. WAS AUTOPSY PERFORMED? has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health YES T NO **DIRECTOR:** After this certificate 0 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor (County) foctory, street, office bldg., etc.) Not While ot work 21. 1 certify that (1) (this hospital) ottended the deceased from . 19 6 7 to 6-12, 1967, that (1) (we) las 7, and that death occurred at 1:05 ft M, fram causes and on the date stated above saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL 6480 NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2 24. FUNERAL DIRECTOR ADDRESS Ernest 0 VR A15 (4) 20 M 1/66

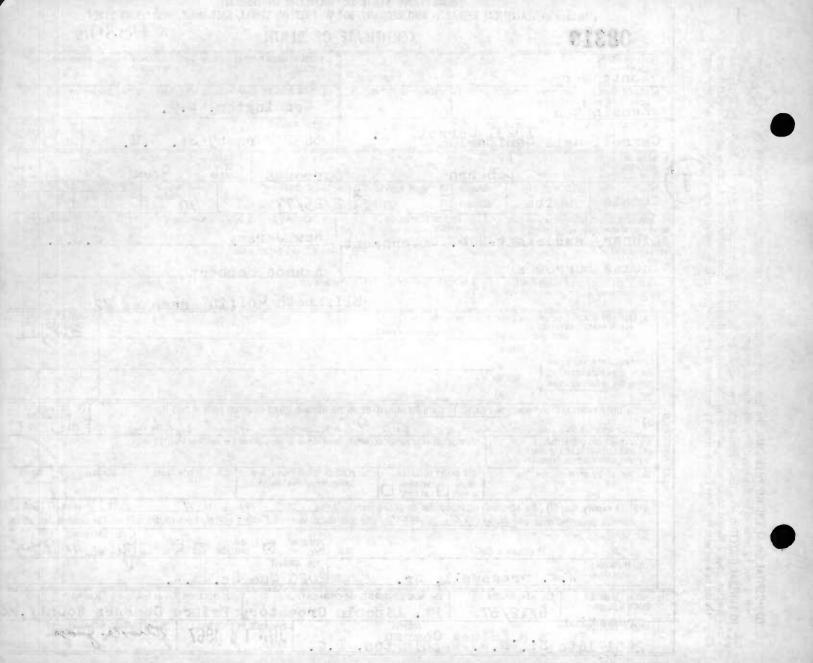


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08313 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . Montgomery o. STATE b. COUNTY hin 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) requires that the death certificate be executed within 24 hours Washington, D.C. Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

Carroll Hall Sanitarium d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ond completely filled in popers. 6432 Barnaby St. YES NO NAME OF attending physician ond completely formit. Then please remove carbon Middle Last 4. DATE Year DECEASED Deborah 67 19 Burrowes Mule (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Manths female Days Hours white director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remor should be filed with the Stote Dept. of Heolth prior to buriol, cremation, or removol, and in any WIDOWED DIVORCEO 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) COUNTRY? INDUSTRY New Jersey Library assistant-Government 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Burrowes Amanda Herbert 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates of service) Elizabeth Coffin same as 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH neumonia IMMEDIATE CAUSE (o) be retained by the haspital or ottending physicion. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of from 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, affice bldg., etc.) Nat While 19 at wark 21. I certify that (I) (this haspital) attended the deceased fram June 2, 1967, ta // , 1967, that (I) (we) last sow the deceased glive on were 10 1967, and that death occurred at 8.45 p. M, from couses and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENOING** X DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) W.F. Cresswell. Que St. Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Ft. Lincoln Crematory Prince Georges County, Md ADDRESS t. N. W. Washington, D.C. VR A15 (4) 20 M 1/66



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery Maruland uneral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 RURAL and give nearest town) pla Silver Spring Silver Spring hours d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2004 August Drive Holy Cross Hospital YES NO P NAME OF First Middle 4. DATE Month OF DEATH 9da (Type or print) Carlson 19679 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Jemale White lost birthdoy) Months Doys Hours WIDOWED [7] DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Virginia U.S.A. Own home Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard H. Walter Viola M. Mc Donald 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 2004 August Drive Hugo H. Carlson No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) HROMB RONA **DUE TO** HEART DISEASE Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (o), stating the under-ERIOSCLEROSIS lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole) Hour o. m. factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased fram 1952, 19, ta _____ 19/e_/,that I last saw the deceased and that death occurred at ZicoAM, from the couses and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 8829 Flower Avenue, Silver Spring. 3 should Maryland 20901 PHYSICIAN'S TO FUNERAL Samuel A. Hillman, M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page the re (Stote) REMOVAL (Specify) Amissville Methodist Amissville. Virginia emetery ADDRESS 24o. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Georgia Huenue VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYL CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Montgomery the fid 2 sath. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver RURAL and give nearest town) Silver Spring uears Ocd. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS papers. Pag 12240 Viers Mill Road 12240 Viers Mill Road 3. NAME OF сотріве DECEASED and com. (Type or print) David arraway 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Sept 16. WIDOWED T DIVORCED [The law requires that the death certificate physician Oa. USUAL OCCUPATION (Give kind of work remove 10b, KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Pt. Photographer gastoma. attending pt Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Leake Carraway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yes give war or dates of service) 579-38-4443 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c). attending physician, nas been signed by t burial-transit permit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying CERTIFICATION as 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While Hour e.m. et work et work saw the deceased alive on... 22a. SIGNATURE ATTENDING PHYS. death. Page O FUNERA 22d. ADDRESS 22c. PHYSICIAN'S Richard P. Delane NAME (Type) 23a. SURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OF Rurial

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after the hours after the pane.	TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral indirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any preset, within 72 hours afterdeath.	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08311 08322 CERTIFICATE OF DEATH

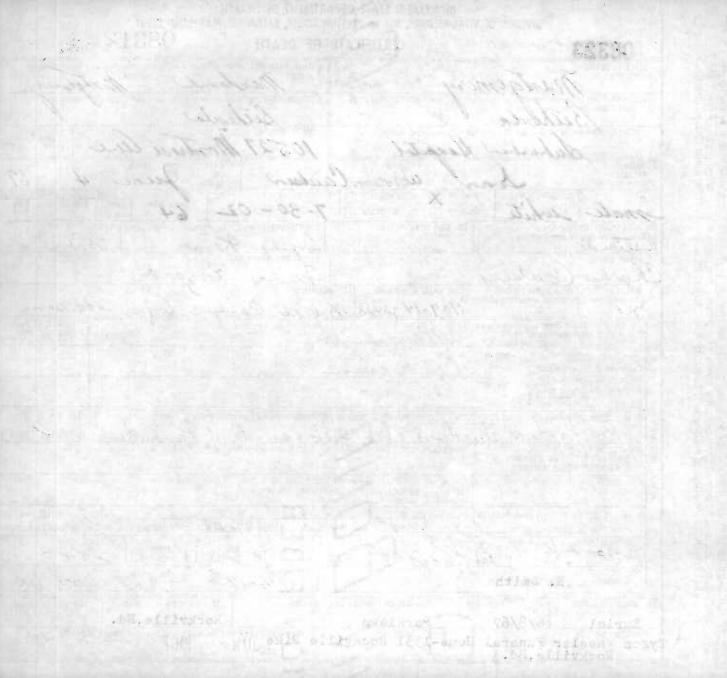
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

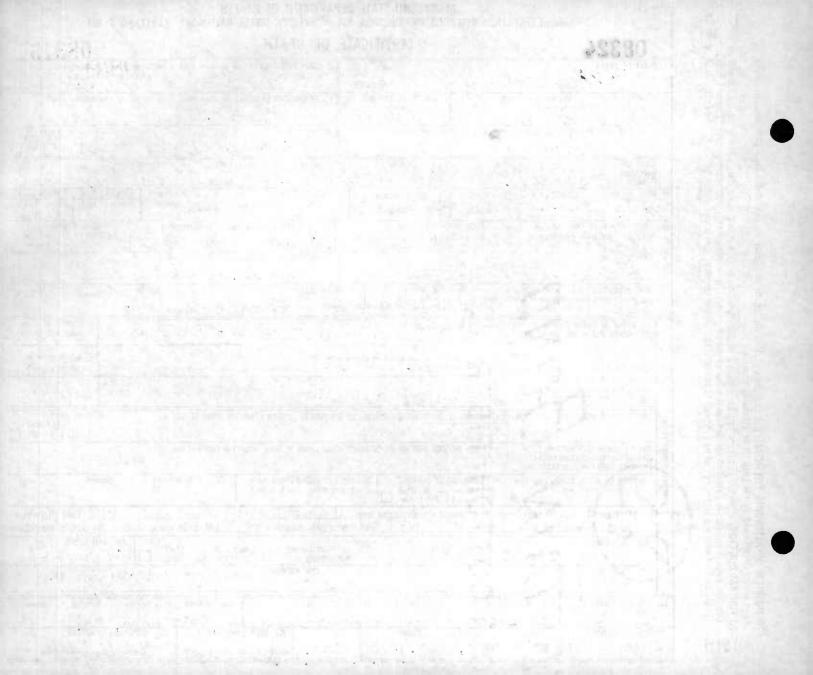
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TO HOSPITAL Poge 4 moy	O FUNERAL director, pa should be fi		23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	(State)
5 9	5 D V	6	Burial 6/8/67 Parklawn Rockville, Md.	St. 1.00
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2	5M 1/67		Rockville, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral on blease remare taxban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Neidence hefere odmissian a. COUNTY h COUNTY MARYLAND CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and nive nearest tawn d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) a e. IS RESIDENCE ON A FARM? d STREET ADDRESS within 72 70 NO NAME OF Middle 4. DATE First Lost Year Day DECEASED Type or print DEATH 1960 event, S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Manths Dovs Hours WIDOWED DIVORCED and in an 10g. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or fareign country) during mast of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MATDEN NAME ar remaval 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, go_ocunknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH mesen buc IMMEDIATE CAUSE (o) signed by DUF TO burial Atherosclevosis Conditions, if ony, which gove rise to immediate cause (o). DUE TO stating the underlying cause the haspital or attending priar tal this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health voncho nummonin NO YES b 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) detached to te Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After of wark be retained by 21. I certify that (I) (this haspital) attended the deceased fram 11 June , 1967, to 17 June ploods 1967, and that death accurred at Di25AM, from couses and an the date stoted abave. 16 June saw the deceased alive an 22a. SIGNATURE DATE SIGNED mil-M.D. DIRECTOR abad 22c. PHYSICIAN'S NAME (Type) director, p 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore 6-20-1967 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Joseph Inc 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08325 CERTIFICATE OF DEATH death deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CDUNTY Montgomery hin 72 hours ofter 24 hours ofter c. CITY DR TOWN (If outside carparate limits, write RURAL and give nearest tawn) C. LENGTH DE STAY IN 16 b. CITY DR TDWN (If autside carparate limits write RURAL and give nearest town) Silver Spring Bethesda days d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE DN A FARM? ond completely filled in 8425 Woodclift ND K hin within NAME OF Middle Last 4. DATE Month Day Year First carbon DECEASED OF DEATH 196 (Type or print) The law requires that the death certificate be executed buriol, cremotion, ar removal, and in any event S SFX IF UNDER 1 YEAR IF UNDER 24 HRS 6. CDIDR DR RACE **NEVER MARRIED** X DATE OF BIRTH (In years last birthday) Months Days Haurs white temale WIDDWED DIVORCED 10b. KIND OF BUSINESS DR 12. CITIZEN DF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) SOUNTRY? during most of working life, even if retired) South Dakota physicion Gout. renogra 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED IV R IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Court (If yes give war ar dates af service) 577-48-6984 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUF TO Canditians, if any, which gave rise to immediate cause (a), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO YES 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Hame, form, (City ar tawn) (County) (State) 20c. TIME DF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19 at wark ot work 1967, that (1) (we) last 21. I certify that (1) (this haspital); attended the deceased fram ta and that death accurred at 3 28 M, from causes and an the date stated above. saw the deceased alive an 22b. DATI SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. PHYS **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23b. DATE THERED! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL CREMATION REMDVAL (Specify) Fort Lincoln Crematory Prince Georges REGISTRAR'S SIGNATURE Charles VR A15 (4) 20 M 1/66 Inc. Pumphreu.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08326 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery a. STATE Page delay is and 3 to b. CITY OR TOWN (If aut)ide corporate limits, write RURAL and give nearest town) MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) PM3. P D. O. A. Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2814 Urbana Dr. NO X in Item 18. Give Poges Holy Cross Hosp, 24 hours ofter death. 3. NAME OF Middle 4 DATE cate, writing the word "pending" in pencil in Item 18. Give Poc be forworded to the Chief Medical Examiner's Office olong with Last Month Day Year DECEASED Clark June 18 (Type or print) DEATH Edward Ernest 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED Months last birthdoy) Hours 4/27/87 Male Cau within 72 hours after death. WIDOWFD DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Manassas, Va. Retired engineer Washington Terminal 14. MOTHER'S MAIDEN NAME be executed within Emma Bryant William Anson Clark File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2814 Williama Dr. S. S. (Yes, na, or unknown) (If yes give war or dates of service Mrs. Edward E. Clark. wife None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ony event IMMEDIATE CAUSE (a) This certificate should DUF TO Canditions, if any, which gave rise to immediate cause (a), 5 DUF TO stoting the underlying couse be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPS removol, PERFORMED? please execute the certificate, NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should 4 should 0 PRIMARY ar CONTRIBUTING CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, affice bldg., etc.) YOUR Nat While FUNERAL DIRECTOR: Page at wark at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry and in my opinion Notural couses death resulted from: Accident funerol director. Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) DELO Health Addless Street tity town or county may 23a. BURIAL CREMATION, 0 Buriel (Specify) Cedar Hill Cemetery Suitland, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 Inc. Silver Spring. Pumphrey.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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		PLACE OF DEATH			deceosed lived, if institution: Reside	ence before odmission)
	(Montgomery	MARYLAND	Mary land	b. COUNTY	merd P. M.
	Ł	b. CITY OR TOWN (If outside chrograte limits	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL and gi	
		write RURAL and give negrest town) Takonia Park	26 kours	Adelphi	11-	2
	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		d. STREET ADDRESS		e IS RESIDENCE
	1		umoud Hospital	2209 Met	zerott Road	ON A FARM? YES NO
		NAME OF First	Middle		DATE Month	Doy Year
	((Type or print) Edwin		clarke 1	DEATH June	6 1967
	S. S	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	R I YEAR IF UNDER 24 HRS. Doys Hours Min.
		Male white WIDOW	/ED DIVORCED	April24, 1895	72 yrs.	DOTS MILL
	10o.	USUAL OCCUPATION (Give kind of work done on 101 ng most of working life, even if retired)	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote		CITIZEN OF WHAT
	GOIT	Retried Planner &	NOL	Virginia		United States
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		John W. Clarke		Ida	Perkins	
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT.	Address OO A	Matzakatt Dd
- 1	(100	s, no, or unknawn) (If yes give war or dates of service)	049-05-9697A	rs. Mildred (1)	Records Adelph	hi. Md.
-	T	1B. CAUSE OF DEATH (Enter only one couse per line		// /	/ / 6	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vendo won	reavolar	wardin	ONSET AND DEATH
		4201 DUE TO	and the same of th			101000
		Conditions, if ony, which gove) (b)	- V			
		rise to immediate couse (o), (
		lost. Stoting the underlying couse (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(o)	19. WAS AUTOPSY
,	CERTIFICATION					PERFORMED? YES NO
	FIG	20o. ACCIDENT WAS UNDERLYING ☐ 20b	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I	or Part II of item IR \	110301
	E	OR CONTRIBUTING CAUSE OF DEATH	S. DESCRIBE HOW INSORT OCCURRED.	(Lines notice of injury in Folk I	or rain it or nem (b.)	
	AF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	id. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town) (C	ounty) (Stote)
	MEDICAL	Hour o.m.		ory, street, office bldg., etc.)	20f. (City or town) (C	ounty) (Stote)
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		21. I certify that (I) (this hospital) at		6-5, 196	and Dispus	(c) (that (l) (we) last
		saw the deceased alive an	-6 196 and tha	t death accurred at	m, nom couses and an	
		220. SIGNATURE	10 00	ATTENDING MED.	STAFF D	DATE SIGNED
		m aurestance / //	HALL MI	22d. ADDRESS DIREC	//	1-6-0
		22c. PHYSICIAN'S NAME (Type)	V (HO i P DV MI	D 220. ADDRESS JOTO	Pershing 6	Dive 100
1			Co Cy Crimi	Yr	Silver -	prim
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or Town)	(County) (Stote)
		urial June 9, 196	7 Arlington Na	t'l Cemetery	Arlington Virg	zinia
	24.	FUNERAL DIRECTOR John Bothoms	8434 Georgia Al	Jenue 250. REC'D BY R		
	111	arnor & Dumphron Inc	C: Line Carrier	MA DATE LLIAT	O ADOT OFLAGO	ela Tudal

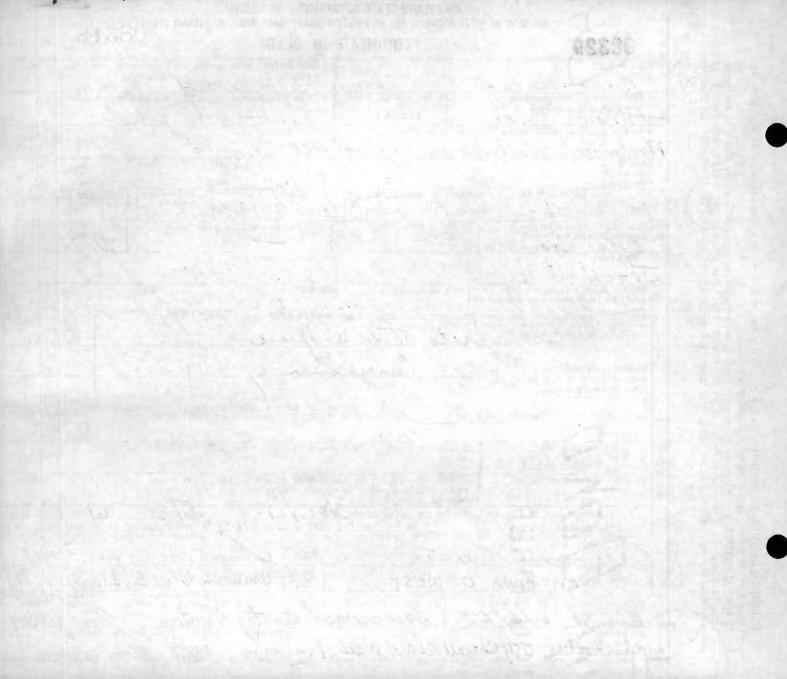
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please tendove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any yeart, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08328 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY 72 haurs after MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give rearest town weeks DRING d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? RO55 YES NO ROCK = NAME OF Middle DATE Lost Doy Year DECEASED 1967 DEATH (Type or print) SFX DATE OF BIRTH AGE IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Days Haurs and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY Housewite wn home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT (Yes, na, ar unknown) ((If yes give war or dates of service 10229 CADITAL VIEW AUG 218-54-6143 crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO signed l burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES Z NO far 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 10 detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice blda., etc.) Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram pluods and that death accurred at/1/4/57M, fram causes and an the date stated above saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR be filed 22d. ADDRESS 22c. PHYSIGIAN' NAME/(Type) Spring John P Haberlin directar, BURIAL CREMATION. 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Milan. Indiana Stumpkes Corner Cemetery VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120) 08329 CERTIFICATE OF DEATH that the death certificate be executed within 24 haurs after death funeral 1 and offer deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Pages the b. CITY OR TOWN (If ootside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate Jimits, write RURAL and give nearest town) ely filled in by the ban papers. Page within 72 haurs g write RURAL and give negrest town? Weeks d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO carban NAME OF Middle Last 4. DATE Day Year DECEASED (Type or print) DEATH 1967 S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? andi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, 050 ar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUF TO stating the underlying cause be detached far use as the State Dept. af Health priar ta this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, affice bldg., etc.) Not While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased framand that death accurred at 1210. saw the deceased alive and M, fram causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS ZZC. PHYSICIAN'S WEST 23c. NAME OF CEMETERY OR CREMATORY 23d. TOCATION (City or Town) BURIAL, CREMATION. 23b. DATE THEREOF 2Sa. RECO BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67



13-8	7-11-67 ams DIVISIO	ON OF VITAL RECORDS, 301 W. PRESTO	AKIMENI OF HEALIH ON STREET, BALTIMORE, MARYI	AND 21201	0
FOR STATE	08330	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0831	9
HEALTH DEPT.	I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased		e before odmission)
ay is 3 ta 3 ta nt of	montgomer	- U MARYLAND	maryland	monlgon	neru
y delay is and 3 ta PM3. Page ortment of	b. CITY OR TOWN (If outside corporate write; RURAL and give nearest, town)	limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside carporate	limits, write RURAL and give	neorest tawn)
- C/ Q	d. NAME OF HOSPITAL OR INSTITUTION	(If not in baseltal give street address)	Jakoma Pa	LK 15	O. IS RESIDENCE
es 1, 2, and 3 to farm PM3. Page to Deportment of	Wash So	2- 17/ costs	6701 TUESTS	makeland	ON A FARM?
Page with f	3. NAME OF	First Middle	Lost 4. DATE	Month	Day Year
Sive P	(Type or print)	rrie S. C	pling OF DEATH	6	9 1967
24 haurs after death. I in Item 18. Give Pages r's Office along with failer 1 and 2 with the State after death.	S. SEX 6. COLOR OR RACE	7. MARRIED AND MEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 Lost birthdoy) Manths	YEAR IF UNDER 24 HRS. Days Hours Min.
ours em 18 Iffice and 2 death	Jemale While	dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign cour	O yrs.	IZEN OF AWHAT
hin 24 haurs ncil in Item I niner's Office pages I and 2 urs after deat	during mast of working life, even if retired)	1 NOUSTRY Home	To a hours ton	10 c 90	INTRY?
in 2 cil ir iner ages s af	13. FATHER'S NAME	1 William	14. MOTHER'S MAIDEN MAME	10	1000
id within in pencil in pencil i. I Examiner. File page 72 haurs a	John B. R.	leason	anne Marie	Brund	m
executed within 24 h nding" in pencil in It Medical Examiner's O permit. File pages 1c within 72 haurs after	1S. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, na, grunknawn) (If yes give wor ar do	. ()	INFORMANT	Address	
executed nding" ir Medical I permit. I	The cause of pratty (fairs calls so		on-Bernar	d Collins	INTERVAL BETWEEN
This certificate shauld be executed within 24 haurs cate, writing the ward "pending" in pencil in Item 1. be farwarded to the Chief Medical Examiner's Office 1. be used as a buriol-transit permit. File pages 1 and 2 femoval, and in any event within 72 haurs after death	1B. CAUSE OF DEATH (Enter only on- PART I. DEATH WAS CAUSED BY: 1MMEDIATE C/	(2)	atty metamorphos	is of liver	ONSET AND DEATH
shauld be e ne ward "per a the Chief I buriol-transit	581 1 miniculate 0	DUE TO	*		
the war ta the ta the buriol- in any	Conditions, if ony, which gave rise to immediate couse (a),	(6)	d chronic alcoho	lism	
ficate ing th rded to as a b and in	stating the underlying cause	DUE TO			
s certificate she, writing the farwarded ta used as a bu noval, and in c	PART II OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
INER: This certice certificate, write should be farwar files. 3 should be used tian, ar removal, and ar removal, and ar removal.	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH				YES NO
Thi fficat I be Id b	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part 1	l af item 1B.)	
MINER: Thi the certificated the shauld be the shauld be the shauld be a 3 shauld be the shatian, at rem			ter or miniby (I)	(6)	15
	20c. TIME OF INJURY Manth, Day, Ye Haur a.m. p.m.	ar 20d. INJURY OCCURRED 20e. PL/ While Nat While at work for	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(City ar tawn) (Cau	inty) (Stote)
L EXA ecute Page iar yau R: Pagg		arge af the remains described above, h	eld an Autapsy 💢 , Inspectian	n 🗷, Inquiry 💢,	and in my opinian
MEDICAL please exervatives of director. Pertained fail DIRECTOR. ta burial,	death resulted fram: No	atural causes 🗷 , Accident 🗌 , Sui		determined manner	
MEDI olease direct direct etaine DIREC	ACTUAL OLD	y Bell	CHIEF MEDICAL EXAMINER [M.D. ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
UTY MED ITY, pleas eral director be retair RAL DIRI priar ta	SIGNATURE EXAMINER'S		DEPUTY MEDICAL EXAMINER	_ //~/.	7
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained far your TO FUNERAL DIRECTOR: Page Health priar ta burial, crema	NAME (Type) JOH		Address (Street, city, town, a		
TO I the 5 n	23a. BURIAL CREMATION, 23b. DAT	12 1967 Cedar Hul	Cemitery Sui	Tland, Pr.	Die. Mil
VR A15ME (5)	24 FUNERAL DIRECTOR	254 Cerrall DL NW	A SATE JUN 12	25b. KEGISTRAR'S STO 1967 ACLIAN	GNATURE
om 1707	Jewall Malles	1239 COUNCILL NOV	BATE JUN 1 2	1301. Julian	cas Judas

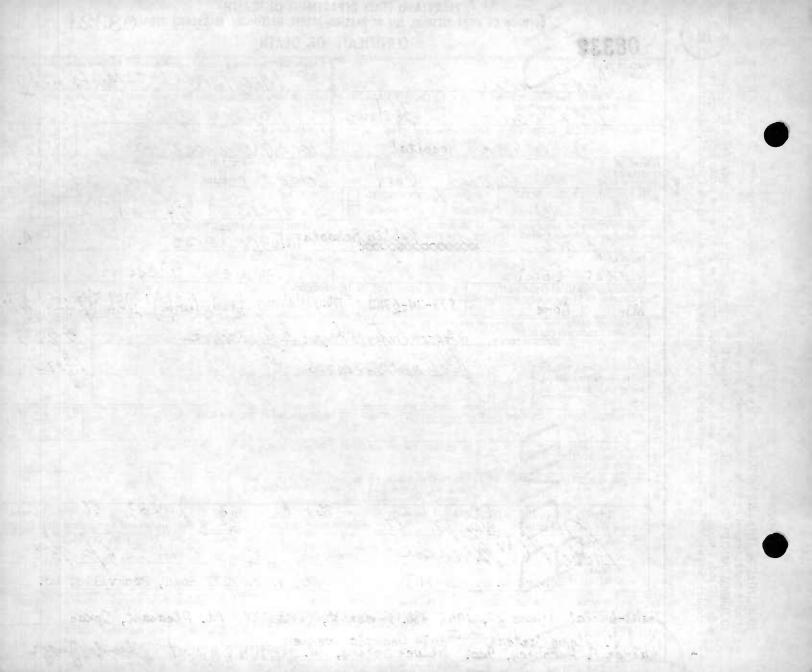
0.6230 Manager Committee of the Committee of th The state of the s CALWAND CARENTER OF THE (Comes) John to Ball 4 6/9/67 The control of the first that the control of the co

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram May 10 19 07 to June 22 saw the deceased alive an June 22 1967, and that death accurred at 725PM, fram causes and an the date stated above 220. SIGNATURE 22h. DATE SIGNED MED. DIRECTOR STAFF PHYS. June 23, 1967 M.D. 22c. PHYSICIAN'S 22d. ADDRESS Davis R. Foreman. M. D. NAME (Type) Navy Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, (County) (State) Arlington National Arlington, Virginia 6-26-67 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home, 7557 Wisconsin Ave., Bethesda, Md DATE UN

VR A15 (4) 20 M 1/66

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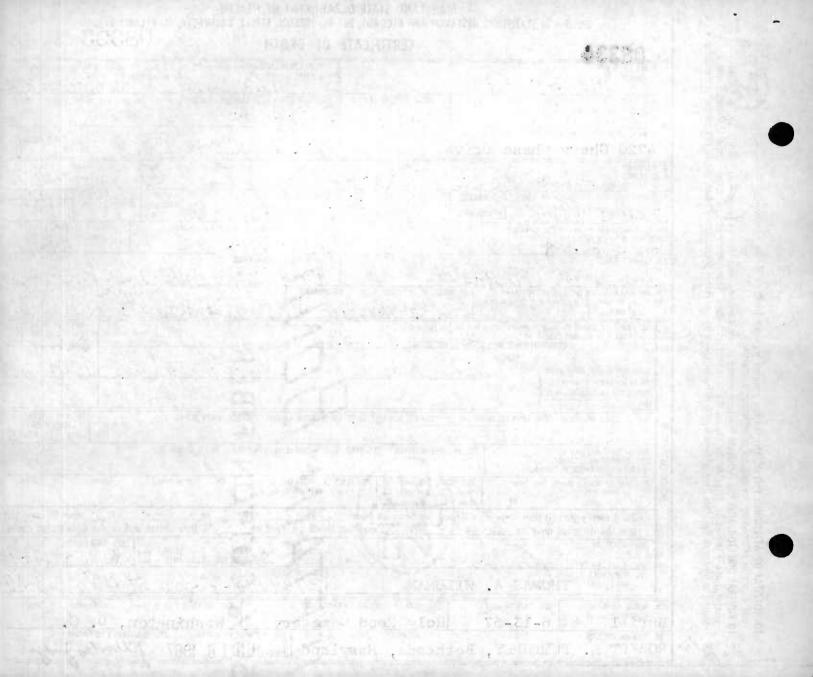
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08321 CERTIFICATE OF DEATH 08332 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and PLACE OF DEATH o. COUNTY o. STATE b COUNTY oon papers. Pages 1 within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside/corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 70 Hospital NO IV YES 000 Middle 4. DATE Month Doy Year NAME OF remove carbon DECEASED 196/ eyent, (Type or print) 90 DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED YES. and in any pup 12. CITIZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY Public COUNTRY? ease during most of working life, even if retired) physician c exas 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, evens OMMIR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 577-24-6782 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for)(o), (b), and ONSET, AND DEATH PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) the haspital ar attending physician. signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar tal lost. WAS AUTOPS' has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO certificate D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4 (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING ot work med 196/, that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram_ 1966 be retained saw the deceased alive on MMO122 M. Fram causes and an the date stated abave , and that death accurred at 61 196 (DIRECTOR: 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS. PHYS. director, page shauld be filed 22d. ADDRESS Page 4 may t 22c. PHYSICIAN'S TO FUNERAL Viers Mill Road, Rockville, Md. NAME (Type) Robert C. Macon 809 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote 23b. DATE THEREOF BURIAL, CREMATION, Pleasant. June 27 Jexas 196 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 3 to Page 0 State Deportment b. CITY OR TOWN (If outside corporate c. CITY OR TOWN (1) LENGTH OF STAY IN 16 gug PM3 IS RESIDENCE UTION (If not in hospital, give st d. STREET ADDRESS form NO F in Item 18. Give Poges 24 hours ofter death. Office along with NAME OF DATE Year DECEASED the Type ar print) DEATH IF UNDER lond2 with 6. COLOR OR/R 7. MARRIED MARRIED Months Hours DIVORCED WIDOWED deg 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT CLIPATION (Give kind of work done COUNTRY? during most of werking life, even if retired) INDUSTRY within 72 hours after Exominer's 13. FATHER pencil be executed within permit. File INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Chief Medicol INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Cetabro Vascolar Disease ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY terioscieroti ony event IMMEDIATE CAUSE (o) This certificate should e, writing the word forworded to the Ch DUE TO Conditions, if any, which gove rise to immediate couse (a). 5 DUE TO stating the underlying couse 0 puc OS lost. nsed WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) pleose execute the certificate, NO be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ■ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should or 4 should EXAMINER: CAUSE OF DEATH. cremation, 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While While TO FUNERAL DIRECTOR: Poge Moitt. 11712 ot work Inspection X and in my apinian 21. I certify that I taak charge of the remains described above, held an Autapsy [buriol, Accident X Natural causes Suicide Undetermined manner death resulted fram: Hamicide the funerol director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL Bethesda, Md. 5 may Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23o. BURIAL, CREMATION, EMOVAL (Specify) 250. RELD BY REGISTRAR BURIG 2Sb. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR VR A 15ME (5) 6M 1/67

The first distribution Service of the servic in the order 100 Marka Might Charal Jone 4 Villey - Michian Hit 1 312 - 20 White The Speaker 27-36-574 Millione H. Cares - Bus Later to the second of the sec e de chasda , alc.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY papers. Pages T hin 72 haurs after **MARYLAND** b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write_RURAL and give nearest town) requires that the death certificate be executed within 24 hours filled in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 110 Chevy Chase Drive NO 3. NAME OF Middle DATE First Lost Month Year carbon DECEASED DEATH 1960 (Type or print) AGE (In years lost birthdoy) IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED Months WIDOWED DIVORCED and in arr and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? one 13. FATHER'S NAME ar remaval, INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) I(If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: romary Occhusion IMMEDIATE CAUSE (o) by DUE TO signed l Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the prior tak stoting the underlying couse Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? for use with the State Dept. af Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this hospital) attended the deceased fram all 19.56 to king and that death accurred a My fram causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE **DATE SIGNED** STAFF PHYS. DIRECTOR M.D. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) THOMAS WILDMAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Burial (Specify) 6-13-67 Washington. Holv Rood Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Marles PUMPHREY, Bethesda, Maryland DATE JUN 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08335

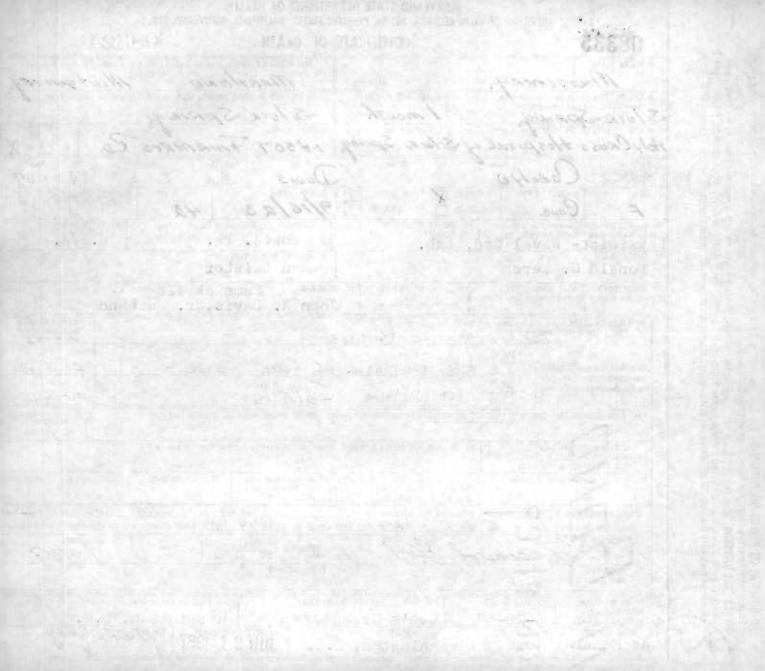
CERTIFICATE OF DEATH

08324

	PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before admission)				
П	MARYLAND MARYLAND		ut gomery				
	b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest town)				
5	IVER SPRING month	Silver SpRING	15.1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
k	oly Cross Hospital of Silver Spring	14507 TAIRMERES KD.	YES NO Z				
	NAME OF DECEASED (Type or print) OROLY First Middle	Davis 4. DATE Month OF DEATH TULE	Doy Year 19 19 67				
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/16/23 9. AGE (In yeors last birthdoy) Months yrs.	Doys Hours Min.				
uri	USUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY Nest of working life, even if retired) Nest of working life, even if retired INDUSTRY Nest of the working life, even if retired INDUSTRY		TIZEN OF WHAT				
	FATHER'S NAME Donald G. Lerch	14. MOTHER'S MAIDEN NAME Ann Leister					
S.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Same as #2dAddress					
Ye	rs, no, or unknown) (If yes give wor or dotes of service)	John R. Davis, Jr. Husband					
Ī	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Hebatic Failur	. 6	ONSET AND DEATH				
Ì	1538 DUE TO						
ĺ	(onditions, if ony, which gove) (b) Adenocarciacua	of Colon due to	fewyrs.				
	rise to immediate couse (a), stating the underlying cause lost. DUE TO Ulcerative	Colitis	manyyes				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
CENTILICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port I or Port II of item 1B.)					
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 Value Not While of twork of two twork of two twork of two							
	21. I certify that (I) (this haspital) attended the deceased from_	at death occurred of \$300 M, from causes and on t	that (I) (we) las				
ĺ	220. SIGNATURE	22b. Da	ATE SIGNED /				
	- Tecentral Hich M	I.D. PHYS. MED. STAFF DIRECTOR PHYS. G	119/607				
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
30	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)				
C	remation 6-20-67 Lee's Crem	atorv Washington, D.	.C.				
24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25 25 CONTROL OF STRAP S	IGNATURE				
با	ee Funeral Home Washington,	D.C. DHUN 21 1961	9				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Coneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth

Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove **Green** papers. Pages T and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any eyent, with a 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

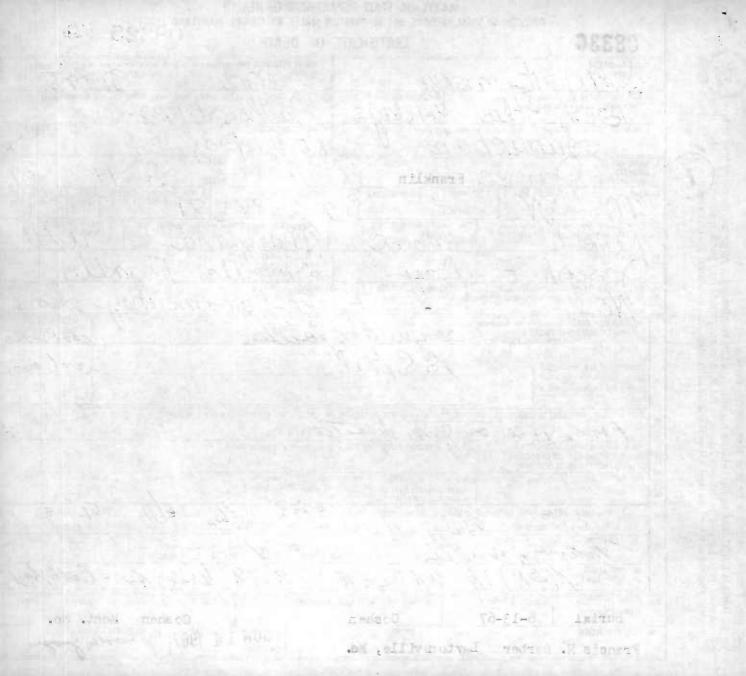
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR336

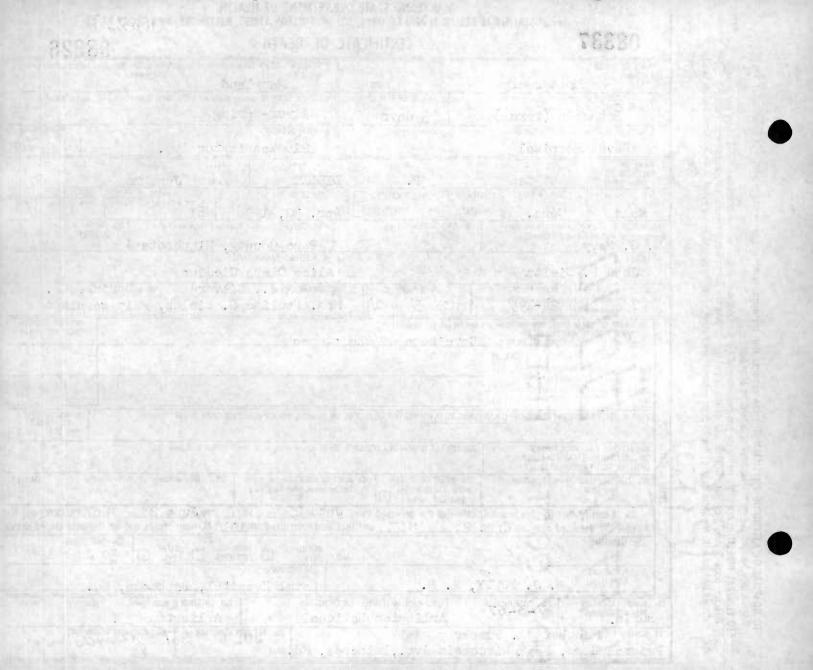
CERTIFICATE OF DEATH

OR325

	00000	VI DE/(III	
	PLACE OF DEATH ONTONE COLOMBRYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before STATE b. COUNTY)	are admission)
	b. CITY OR TOWN (If outside carpagate limits, virtle AURAL and give hearest town)	c. CITY OR TOWN (If eyiside corporate limits, write RURAL and give near	est tawn)
	d. NAME OF HOSPITAL OF INSTITUTION (If not in Juspitol, give street address)	a street address	e. IS RESIDENCE ON A FARM?
	Ziupakparo -	MC. HI-1001 404	YES NO X
	NAME OF DECEASED (Type or print) First Middle First Middle Franklin	Lost OF DEATH OF // DEATH	1967
S.	SEX 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	B. DATE of BIRTH 9. AGE (In years IF UNDER 1 YEAR Manths Days Yrs.	
100 dur	. USUAT OCCUPATION (Give kind of work done ing mast of working life, even if retired)	11. BY THPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	
13.	COSEDE F. Name	14. MOTHER'S MAIDEN NAME TOQUELLS	S
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, gr/upknown) (ff yes give war or dates of service)	INFORMANT CATHERINE PRAY - S	Same
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conflictive		NTERVAL BETWEEN ONSET AND DEATH
	Conditions if any which cave >		vl.me-
	stoting the underlying cause (c), last.		- conserva
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	9. WAS AUTOPSY
CERTIFICATION	Poss, g. u. or g, b, infee	tion	PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Port II of item 1B.)	
MEDICAL		ACE OF INJURY (Hame, form, ctary, street, office bldg., etc.) 20f. (City or town) (County)	(Stote)
	21. I certify that (this haspital) attended the deceased fram_saw the deceased alive an	at death accurred at 0 37M, from causes and on the do	that (1) (we) las
	220. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS.	
7	22c. PHYSICIAN'S NAME (Type) MARY VIN WADLER	2 22d. ADDRESS 18 Wise, Av Be	the had
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City or Town) (Coun	ty) (State)
	REMOVAL (Specify) 6-13-67 Goshen	Go shen Mont.	Md.
24	FUNERAL DIRECTOR ADDRESS	250 REGISTRAR 250 PEGISTRAR S SIGNAT	
	Francis H. Barber Laytonsville, Md.	DATE 14 1901 guartes	maga.



PLACE OF DEATH COUNTY MARYLAND COUNTY COUNT	083	37		CERTI	FICATE	OF DEATH			08	3326
CITY OR TOWN (if couside copporate limits, write RURAL and give nearest town) Silver Spring	1. PLACE OF DEA o. COUNTY			MA	RYLAND	o. STATE				before odmission)
C. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) C. STREET ADDRESS C. ST	b. CITY OR TOV write RURAL Be-	/N (If outside cornorate limits)		- 11	c. CITY OR TOWN (If or	utside corpo		AL ond give n	eorest town)
3. MANK OF DECASED (Type or print) Leo P. DIELITZ Middle DIELITZ Month Doy Year DECASED (Type or print) Leo P. DIELITZ OF ATH June 28 1967 19	d. NAME OF HO	SPITAL OR INSTITUTION (If not		give street address)			hingt	on Ave.		e. IS RESIDENCE ON A FARM? YES NO DO
S. SEX	3. NAME OF DECEASED	Firs	t		D	Last	4. DATE	Mont	28	Doy Year
13. FATHER'S NAME John P. Dieltz 14. MOTHER'S MANDEN NAME John P. Dieltz 16. SOCIAL SECURITY NO. 17. INFORMANT Ave., Silver AddressSpring, Md. Mrs. Pauline G. Dieltz, 2216 Washington	s. sex Male	Cauc.	WIDOWED	DIVORC	ED A	pr. 30, 19	06	9. AGE (In years lost birthdoy) 61 Yrs.	Months D	Doys Hours Min.
John P. Dieltz Alice Clara Clemens	during most of work	king life, even if retired)	10b. K	IND OF BUSINESS OR NDUSTRY					12. CITIZI COUN	EN OF WHAT ITRY? USA
(If yes, no.grunknown) (If yes, give yet) of yet)	John	P. Dieltz				Alice Clara	a Cle	mens		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART II. OTHER SIGNIFICANT IN PART I(c) PART II. OTHE	Yes, no or unknown	VEVER IN U.S. ARMED FORCES?	service) 16.							shington
YES NO	Conditions, if rise to imme stoting the u	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 ony, which gove (diote couse (o), nderlying couse	o) <u>Car</u> o b)	cinoma of						ONSET AND DEATH
21. I certify that (F) (this hospital) attended the deceosed fram June 25 , 167 , to June 28 , 1967, that (I) (we) los saw the deceased alive on June 28 1967, and that death occurred at 1010 M, from causes and on the date stated above 220. SIGNATURE M.D. ATTENDING MED. STAFF 30 June 1967 22c. PHYSICIAN'S NAME (Type) M. J. FOUTY, M. D. Naval Hospital, Bethesda, Md.	PART II. OTHE	r significant conditions <u>co</u>	NTRIBUTING	TO DEATH BUT NOT R	ELATED TO TH	E TERMINAL DISEASE CO	NDITION GIV	VEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that (IF (this hospital) attended the deceosed fram June 25 , 1967, to June 28 , 1967, that (IF (we) lo saw the deceased alive on June 28 1967, and that death occurred at 1010 M, from causes and on the date stated above 220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 30 June 1967 22c. PHYSICIAN'S NAME (Type) M. J. FOUTY, M. D. Naval Hospital, Bethesda, Md.	200. ACCIDENT OR CONTRIBU	TING CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY	OCCURRED. (E	nter noture of injury in	Port I or Po	ort II of item 18.)		
saw the deceased alive on June 28 1967, and that death occurred at 1010 M, from causes and on the date stated above 220. SIGNATURE M.D. ATTENDING MED. STAFF 30 June 1967 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) M. J. FOUTY, M. D. Naval Hospital, Bethesda, Md.		o.m. 19	While of wor	Not While of work	foctor	y, street, office bldg., etc.)			
ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 30 June 1967 22c. PHYSICIAN'S NAME (Type) W. J. FOUTY, M. D. Naval Hospital, Bethesda, Md.	saw th	e deceased alive on i	itol) atter ine 28	nded the deceose	d fram_J , and that	une 25, death occurred at	192,	to June 28 M, from causes PM	ond on the	date stated abov
TAIL TO THE TAIL THE		AN'S AN'S	ily		M.D.	PHYS. L 22d. ADDRESS			30 8	June 1967
		7		23c. NAME OF CE		REMATORY	23d. I			



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) Montgomery Mary Land b. COUNTY Monteomery MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM? 2305 Dennis Avenue 2305 Dennis Avenue YES NO 4. DATE NAMEOF Middle Month Day Year DECEASED OF Robert DEATH (Type or print) lames 19 67 une 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours May 22, 1895 WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Dept of Army U.S.A. Ret. Correspondence & Pennsulvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Mary Glynn Thomas Dimond.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ! (Yes, no, or unkown) | (If yes give wer or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND, DEATH PART I. DEATH WAS CAUSED BY volden IMMEDIATE CAUSE (a) 430 Office DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry K and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE **EXAMINER'S** NAME (Typa) Md. Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ò 40 0 Heaven Cemeter FUNERAL DIRECTOR **V5. A15ME** 5M 7/59 DATE

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08328 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Poge Mintgimer 0 the Stote Deportment of Montgemery MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) and P.M.3. write RURAL and give nearest tawn) elayo. ingtoin d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Office along with farm Poges 6- ardens Norsing Home STEIN NO V YES 24 hours after deoth. 3. NAME OF Middle 4. DATE Year DECEASED in Item 18. Give 1967 (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Days WIDOWED V DIVORCED IDa. USUAL OCCUPATION (Give kind af wark done 1Db. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY after Medical Examiner's pages in pencil i be executed within 72 hours of 13. FATHER'S NAME Larrella 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 5015 Brun pending within INTERVAL BETWEET 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit event PART I. DEATH WAS CAUSED BY: AND DEATH IMMEDIATE CAUSE (a) This certificate should writing the word DUE TO the ony cardio Vescular. Disease 2315 Canditions, if any, which gave rise to immediate couse (a), forworded to Ξ DUE TO stating the underlying couse puo SD be used cremation, or remaval, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION certificate, NO X 2Dg EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. MEDICAL 2De. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED (City or town) (Caunty) (Stote) Haur a.m. factory, street, affice bldg., etc.) Nat While DIRECTOR: Poge execute at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion deoth resulted from: Noturol couses Accident Suicide Homicide Undetermined monner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL D Health prior t ASSISTANT MEDICAL EXAMINER moy be re FUNERAL I SIGNATURE M.D. the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Iawn) (County) REMOVAL (Specify) / 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

* 1 4 4 2 The Dew Law March 1997

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08329 tem #3 amended 8/15/86ERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside proporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag write RURAL and give nearest town) .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 filled carban 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH S. SEX 9. AGE (In years 7. MARRIED NEVER MARRIED (ast birthdoy) Months WIDOWED DIVORCED pu 1Db. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) physician nen plense during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN TAM 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service 5 18. CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY signed by burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse priar ta has been lost. PART II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) alth this certificate 20o. ACCIDENT WAS UNDERLYING D Ob. DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 2De. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) factory, street, office bldg., etc.) Hour o.m. While Not While at work of work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (this haspital) attended the deceased fram 19 67 and that death occurred at 62 M, from causes and on the date stated above saw the deceased alive on 20 220 SIGNATURE STAFF PHYS. ATTENDING DIRECTOR PHYS filed director, page should be filed 22d. ADDRESS Page 4 may t 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION REMOVAL (Specify) St. Mary's Cemetery Alrxandria Remova 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Inc ADDRESS Sons Gawler! 3

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MARYLAND STATE DEPARTMENT OF HEALTH

e IS RESIDENCE ON A FARM?

Year

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IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS

PERFORMED?

NO

YES

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

5708

(County)

DATESIGNED

(County)

22b.

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VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08330 08341 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NOF YES NAME OF Middle DATE Doy Year OF DEATH DECEASED 19 (Type or print) ve ca IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH Months Dovs DIVORCED and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, eyen if retired) INDUSTRY HOUSE VITEE PALTIMORE 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) signed by the atten burial-transit permi burial, crematian, a INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUF TO Conditions, if ony, which gove 0(0) rise to immediate couse (a), DUF TO stoting the underlying couse the FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) be detached far use State Dept. of Health NO P Sion 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram Jan 1966, ta Jun 17, 1967, that (1) (we) last sow the deceased glive on Jun 5 1967, and that death occurred at 6 A M, fram causes and on the date stated obove. , 1966, to Ture 17, 1967, that (1) (we) last sow the deceased alive on June 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 7701 Carrall NAME (Type) NAME OF CEMETERY OR EREMATOR 230. BURIAL CREMATION 23b. DATE THEREOF 23c. REMOVAL (Specify) 0 25o. REC'D BY REGISTRAK 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) 25M 1/67 1967

13230 THE PROPERTY AND A STANFORM OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08331 FOR STATE HEALTH DERT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page delay is of o ameri MARYLAND Maryland Montgomery Department b. CITY OR TOWN (If outside corporate limits c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN and P.M3 Silver Spring ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, d. STREET ADDRESS farm in Item 18. Give Pages 1, 13225 Clifton Rd. YFS NOSE he State 24 haurs after death. Office along with NAME OF 4. DATE Month Doy Year Lost DECEASED DEATH 19 (Type or print) Francis Barrett Dorsev June 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS S SFX B. DATE OF BIRTH 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours death. 3/16/14 WIDDWED DIVORCED 53 yrs. Male Cau 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? NDUSTRY during most of working life, even if retired) 72 haurs after in pencil in I Examiner's (Wash. D.C. II.S. computer programmer 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Catherine Barrett Francis Dorsev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Addrys 3225 Clifton Rd. please execute the certificate, writing the ward "pending" is I directar. Page 4 shauld be farwarded ta the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) Dorothea Dorsey. 579-03-0469 within Navy-WWI ves NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH event burial-transit PART I. DEATH WAS CAUSED BY Acute Coronary Insufficiency IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which gove Coronary Artery Heart Disease rise to immediate couse (a). = DUE TO stating the underlying couse D. ond 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal CERTIFICATION NO TX pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) shauld 0 PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. cremation, (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry 3 ond in my opinion P Undetermined manner Natural causes 🔀 death resulted from: Accident Suicide Hamiride the funeral director. be retained CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER necessary, EXAMINER'S Health NAME (TypeBelden Address (Street, city, town, or county) June Reap, M.D., Wheaton R. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 0 Burial (Specify) Mt. Olivet Cemetery Washington, D. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

papers. Pages Land 2 thin 72 hours after deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by director, page 3 should be detached for use os the burial-transit permit. Then pleose remove action papers. Prehould be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hour

VR A15 (4) 25M 1/67

98343	CERTIFICATE	OF DEATH	08332	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI	rere deceosed lived, if institution: Col. b. COUNTY	Residence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town) Silver Spring	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs Washingto	ide corporote limits, write RURAL (ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give University Nursing Home	street address)	d. STREET ADDRESS 5415 Cont	necticut Ave.	N W e IS RESIDENCE ON A FARM? YES NOX
3. NAME OF First DECEASED (Type or print) EILEEN A	Middle NNA	DOMD	4. DATE Month OF JUNE	Doy Year 14 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED The Female White Widowed The Female The Fe	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-3-1902		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N. I	OF BUSINESS OR IRY	11. BIRTHPLACE (County & Washingt	on, D.C.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael Dowd		Mary F.	Gorman	
(Yes, no, or unknown) (If yes give wor or dotes of service)	AL SECURITY NO. 17. 17. 18. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	informant iss ^F reder:	See Itaddress I	No.2
18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO DUE TO	(b), ond (c).)	occlusion tie Cardi	n overseuler dis	INTERVAL BETWEEN ONSET AND DEATH REASE 10 + Years
last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort I or Port II of item 18.)	YES NO
	Not While foct	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this hospital) attended saw the deceased alive an	the deceased fram_ '21967, and tha	death accurred at	46, to June 14 7 A M, fram causes and	, 19 67, that (I) (we) las I an the date stated above
220. SIGNATURE Johns E. W.	roms M.		NED. STAFF IRECTOR PHYS.	22b. DATE SIGNED 6/14/67
NAME (Type) JOHN E. MORRIS, 1	M.D.		., N.W., Washin	
Burial 6-17-1967	3c. NAME OF CEMETERY OR Mt. Olivet	Cemetery	23d. LOCATION (City or Town) Washington	(County) (Stote)
24. FUNERAL DIRECTOR Joseph Gawler's Sons. Inc.	ADDRESS Washington	D.C. DATE	1 8 1967 256 JULI	rar's lighter fudge

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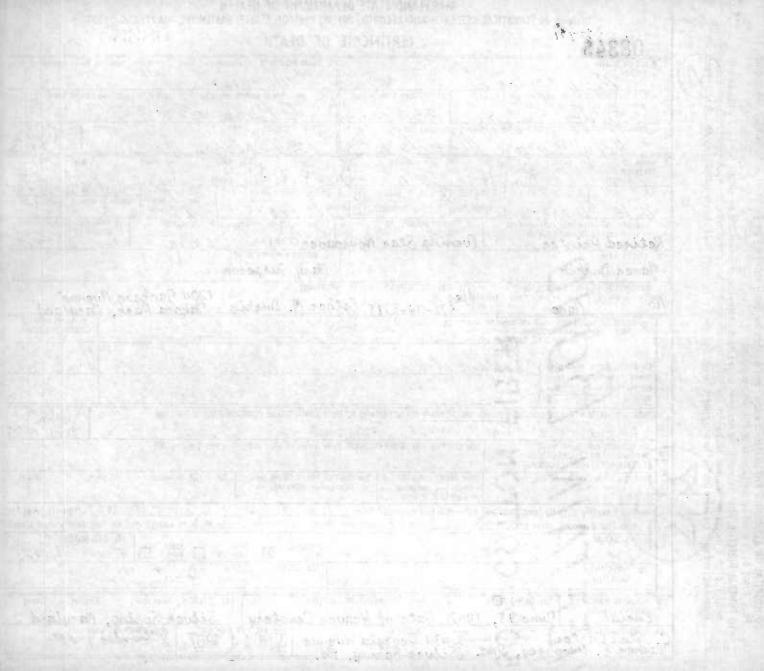
The main terms of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08344 MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, M PM3 D. O. A. Bronx, N.Y. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS arm. 2009 Cruger Ave Washington San. and Hospital NO XX YES in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. Office along with NAME OF Lost 4 DATE Doy Year DECEASED 6-12-67 Hyman None Dreskin 19 (Type or print) DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED XX AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED DIVORCED 9-15-95 Ma le White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Amer. during most of working life, even if retired) INDUSTRY Furier Retired Russia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil Dorothy Solomon Dreskin Address 1014 Osage St .⊆ 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no, or unknown) (If yes give war or dotes of service writing the word "pending" I S.S., Md. Son (Theodore Dreskin) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line (or (o), (b), and (c).) event v burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove rise ta immediate cause (a), farwarded ta = DUE TO stoting the underlying couse pup dS lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! remaval certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 5 CAUSE OF DEATH crematian, 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page of work of work 21. I certify that I taok charge af the remains described above held an Autapsy Inspection ond in my opinion Natural causes Actident death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health priar SIGNATURE **EXAMINER'S** BURIAL CREMATION 0 6/13/67 Beth El Cemetery Emerson. New Jersey 24. FUNERAL DIRECTOR VR A15ME (5) Bernard Danzansky & Sons St.NW, Wash.DC 6M 1/67

value of the transfer of the t P.O.A. ILWAN, AMELIAN D.O.A. ILWAN, A. M. C. C. C. Sent deput S First Hospital Land Born Strike S washington 1 0 - -. Boy (In a dota lases a man a . S. y ta. THE SECOND STATE OF THE PROPERTY OF THE PROPER Wester was invested to years of the TOVERS I think CALL PLANE SON TORY DIVINE STATE OF THE STATE OF A VICE NAME OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ecuted within 24 hours after death filled in by the Turner. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) please remove carbon papers. Pac I, and in ony event, within 72 hours d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital give street oddress) NO P 3. NAME OF 4. DATE Year DECEASED OF DEATH 09 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 6. COLOR OR RACE NEVER MARRIED last birthdoy) Months Doys Hours DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired Printer INDUSTRY COUNTRY? physician Evening Star Newspape 2011 54 requires that the deoth certifica 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removol, James Durkin Mary Furgeson 1204 Jackson Avenue 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? , L6. SOCIAL SECURITY NO. no, or unknown) (If yes give wor or dotes of service) Esther M. Durkin INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) MESENTERIC A-RTERY OCCLUSION Conditions, if ony, which gove IN MESENTERIC ARTERY ATHEROSCLEROSIS UNKNOWA rise to immediate couse (o), stoting the underlying couse os the prior to l Page 4 moy be retained by the hospital or attending this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) HEART FAILURE, ATHEROSCLEROTIC NO DO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram ESUNE 10, 1967, to JUNE 12, 1967, that (1) (we) last saw the deceased alive on JUNE 12 1967, and that death accurred at 1.45%. M, from causes and on the date stated above 22b. DATE SIGNED 22o. SIGNATURE JUNE 12, 1967 M.D. director, page should be filed SPRING 22d. ADDRESS 1015 22c. PHYSICIAN'S NAME (Type) EDWA SILVER SPRING, MI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Gate of Heaven Cemetery REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



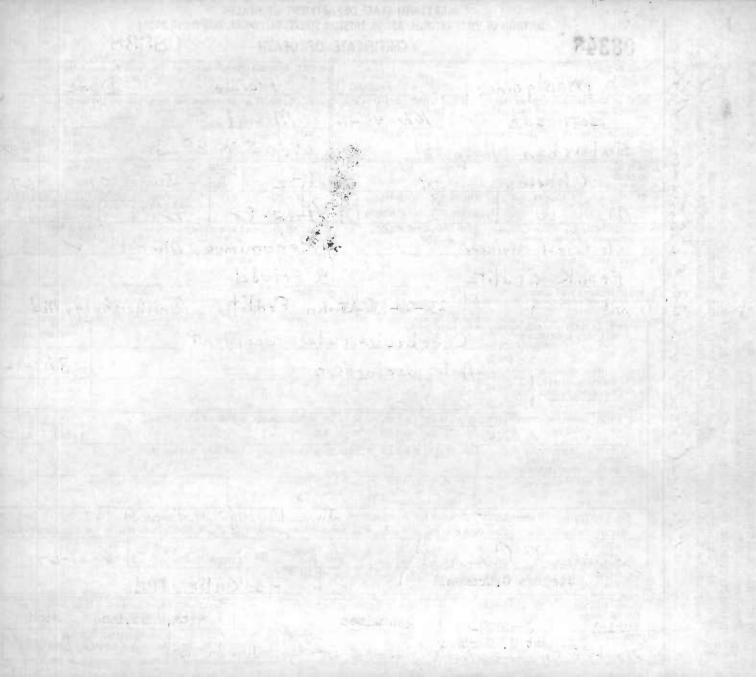
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08346 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16 CITY OF TOWN (IF ide corporate limits, write RURAL and give nearest town) write RURAL and give Regre PHYSICIAN: The law requires that the death certificate be executed within 24 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCI ON A FARM? filled NO YES NAME OF Middle DATE ±× Lost Month Dov Year campletely DECEASED (Type or print) DEATH S. SEX IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIE DATE OF BIRTH NEVER MARRIED remave Months Dovs Hours Min DIVORCED and in any WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ACE (County & State, or foreign country) physician en please COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDER remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 10 crematian, 18. CAUSE OF DEATH (Enter only one couse per line fgr (o), (b), and (c). NTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) p DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar to l last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) has Health p 2 NO YES this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING P. detached for te Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost be reforned , and that death accurred at DIRECTOR: from causes and on the date stated obove. saw the deceased alive on, 19 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) pe director, shauld b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 9 24. FUNERAL-DIRECTOR ADDRES VR A15 (4) 25M 1/67

Mundowery was strakend Selevador 10 day theodyteam Subarten Heapelet 46 Haster Se Michael John Earden grove in a make white I gast law Lie resplant Chatelet Willand Vernefrance Child W. Cales Margins Resolute The The 217-42-184 loter degree I dill day Med Letter There is a second of the secon

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8337 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Montgomery
b. CITP DR TOWN (If outside corporata limits, write RURAL and give nearest town) MARYLAND Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) Maryland funeral funeral Department after death. c. LENGTH DF STAY IN 1b may 42119 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Gaithersburg the 5 d. STREET ADDRESS e. IS RESIDENCE 00 DN A FARM? ay 1. 3 to 1 State 219 Cedar Ave. 219 Cedar Ave. YES __ ND L 2, and PM3. NAME DE Middla Last DATE Month Year First Day 22 DECEASED DEATH (Typa or print) CHARLES 19 EASTON M. June 11 ithing ithing 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. form 7. MARRIED A NEVER MARRIED death. I Months | Days Hours 3 DIVORCED Jan. 29,1924 N Male White WIDOWED event with 10a. USUAL OCCUPATION (Giva kind of work dona) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT after de 3. Give during most of working lifa, even if retired) INDUSTRY COUNTRY? Maryland Assistant Golf Pro. Golfing TISA MOTHER'S MAIDEN NAME 13. FATHER'S NAME E File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, " in pencil ir Examiner's WWll 219-03-2732 Verna F. Easton- Item # 2 CAUSE DF DEATH [Enter only ona cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: certificate should be executed iting the word "pending" in led to the Chief Medical Examples of CRITCY. burial-transit 10 IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, If any, which (b) gave risa to immadiata DUE TO (a), stating the 60 undarlying causa last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CATION PERFORMED? certificate, writing the YES ND X o be DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury in Part 1 or Part 11 of Itam 18.) CERTIFI 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should bagent, price CAUSE OF DEATH. (State) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) Hour a.m. While Not Whila CTOR: Page designated at work at work Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy should FUNERAL DIRECTOR: Undetermined manner Suicide death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER for your ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED Or DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** G. Ball-Bethesda, Md. 6/12/67 director. retained John Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION, 23b. 00 REMOVAL (Specify) Rockville, Montg. Md. Parklawn Cemetery 6/16/67 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home 1331 Rock. Pike Clevelas VR AISME (5) 1/65 Rockville. Md.

THE CARLES . Own though the Assertation mentaltons. S. S. and C. Carterio, . Larger Str. - Founds in all a state of the state of Realegaline, Montes. Folds. Burnal Daylofor Parkland Cenobary Typon Leeler Juneral Rome 15 al Acct. Janua . b. . . Livenoi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08348 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) g. COUNTY o. STATE b. COUNTY nontgomery MARYLAND in by the Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6750 S.W Subur hi NO 6 3 NAME OF Middle 4. DATE Dov Year DECEASED (Type or print) June DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 9. AGE (In years lost birthdoy) Months WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? pup Menominee electriza 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval, Friede 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service 138-09-3360AJohn Geithersburg, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH accident erebrovascular IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO burial Conditions, if ony, which gove Teriosclerosis rise to immediate couse (a), DUE TO stoting the underlying couse priar ta has been last. OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! PERFORMED? NONE NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING 5 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased fram June 19, 1967, to June 21, 1967, that (1) (we) las saw the deceased alive an June 20 1967, and that death accurred at 254 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. PHYS 22c. PHYSICIAN'S Stephen C. Cromwell 22d, ADDRESS O HOSPITAL KOCKUI 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Menomimee Mich Menomimee Mich Burial 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 DATE JUN

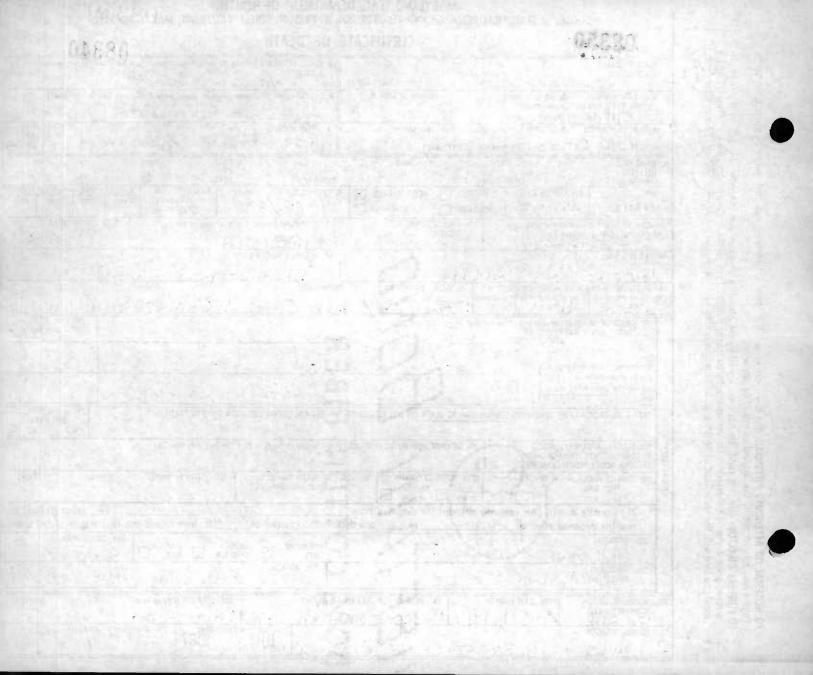


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08349 MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND with the State Department c. LENGTH OF STAY IN 16 INSTITUTION (If not in haspital, give street address) ON A FARM? NO X in Item 18. Give Pages alang with NAME OF DATE Month Year OF DEATH DECEASED (Type or print) Months Office (deat 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working in any event within 72 haurs after pencil be executed within ARMED FORCES? 16. SOCIAL SECURITY NO. rd "pending" in Chief Medical E (Yes, no_orunknawn) (If res give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Massive intra-peritoneal hemorrhage e, writing the ward farwarded to the Ch This certificate shauld Rupture of spleen Conditions, if any, which gove ditte rise to immediate cause (o), DUE TO stating the underlying cause 0 ditte pup Trauma from automobile accident 19. WAS AUTOPSY ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 3 shauld PRIMARY OF ONTRIBUTING CAUSE OF DEATH. burial, crematian, 20c. TIME OF INJURY Manth, Day, Year (City or town) 20e. PLACE OF INJURY (Hame, farm, (County) (State) factary, street, office blda., etc.) While Not While of work may be retained for your FUNERAL DIRECTOR: Page Dornestinn. Mint. Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 7 Inquiry X and in my opinion . Accident X Undetermined manner deoth resulted fram: Natural causes Suicide [Hamicide CHIEF MEDICAL EXAMINER ACTUAL TO FUNERAL D 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John G. Ball Address (Street, city, tawn, ar county) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Burial (Specify) 6/9/67 Parklawn Rockville, Maryland a. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 ochemiles

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 27201 08350 CERTIFICATE OF DEATH filled in by the funeral popers. Pages 1 and 9 24 hours after death PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery MARYLANO Washington, b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 72 hours af c. LENGTH OF STAY IN 1b Washinston Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the attending physician and campletely tilled sit permit. Then please remave (carban pape 1439 Island Ave Holy Cross Rhode Hos Dital YES NO IX requires that the death certificate be executed within nit. Then please remave (carbon or remaval, and in any event, with 3. NAME OF First Middle DATE Month Ogy Year OECEASED 1967 tallin Herbert 6 (Type or print) **OEATH** S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Oays Hours White male WIDOWEO DIVORCEO 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INOUSTRY COUNTRY? 5.A RGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service RAINSWOO OWART. burial, cremation, CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN signed by the burial-transit p PART I. OFATH WAS CAUSED BY ONSET ANO DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO use as the latter alth priar tab stating the underlying cause has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS' CERTIFICATION PERFORMED? Health p NO TO FUNERAL DIRECTOR: After this certificate far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) director, page 3 shauld be detached should be filed with the State Dept. of OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Oov. Year (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not While at work at wark . 1962, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram____ 5-31 . 1967 ta 6-4 1967, and that death occurred at 6 '7 PM, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. OATE SIGNEO **ATTENOING** STAFF PHYS. M.O. OIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S STROW NAME (Type) BERNARD 810 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. OATE THEREOF (Stote) (County) REMOVAL (Specify) HELROSE METH. REINIA 24. FUNERAL OIRECTOR REC'D BY REGISTRAR 196 VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08351 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funero o. COUNTY o. STATE b. COUNTY. MARYLAND in by The Poges b. CITY OR JOWN (If outside carporal limits, write BURAL and divergearest town) LENGTH OF STAY IN 16 If outside corporate limits, write RURAL and give nearest fown popers. INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO ¥ 3. NAME OF Middle corbon Day Year completely DECEASED (Type or print) DEATH TOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Hours WIDOWED DIVORCED and in ony ond 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT USUAT OCCUPATION (Give kind of work done State, or foreign country) **INDUSTRY** 13. FATHER NAME MOTHER'S MAIDEN NAME or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no of Inknown) (If yes give wor or dotes of service) cremotion, CAUSE OF DEATH (Enter anly one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the hospital or attending physician. DUE TO burial, Canditions, if ony, which gave (b) rise to immediate cause (o). DUE TO stating the underlying couse os the prior to has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) State Dept. of Health NO YES certificate lar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) foctory, street, office bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an , and that death accurred 196 M, fram causes and an the date stated above 22o. SIGNATURE director, poge 3 should be filed v PHYS DIRECTOR 22c. PHYSICIAN'S FUNERAL NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BHOYALISBERTY) Calvary Cem. Patterson, N. J. 2 REGISTRAR'S SIGNATURE Bethesda, Md. 2Sa. REC'D Pumphrey VR A15 (4) 25M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08342 08352 CERTIFICATE OF DEATH 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Maryland haurs after Montgomerv MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Germantown Bethesda 3 days papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊑ d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland Route #1 NO X YES T ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF carban First Middle Lost 4 DATE Month Doy Year DECEASED OF DEATH Ra.l.ph Andrew Fetrow 15 19 67 (Type ar print) June 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remaye birthdoy) Manths Haurs Male 25 April 1954 White WIDOWED DIVORCED and in any and 10a. USUAL OCCUPATION (Give kind af work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired)
Student attending physician opermit. Then please INDUSTRY COUNTRY? Maryland USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, George M. Fetrow Joanne Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recorderess 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates af service The Clinical Center, Bethesda, Maryland XXXXX IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH Respiratory Insufficiency IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave Bronchiectasis 2 vears rise to immediate couse (a). DUE TO stating the underlying cause Cystic Fibrosis since birth PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X this certificate NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Nat While at wark Page 4 may be retained by the CONERAL DIRECTOR: After at wark 21. I certify that (1) (this haspital) attended the deceased fram June 12, 1967, to June 15, 1967, that (1) (we) last director, page 3 shauld should be filed with the saw the deceased alive an June 15 19 67, and that death occurred at 8:50 M, from couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED Lancel M.D. DIRECTOR PHYS. June 16. 1967 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) Georges Peter, M.D. Institutes of Health, Bethesda, Md. 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial Darnestown, Md. 6/19/67 Darnestown Church Cem. 24. FUNERAL DIRECTOR
Tyson Wheeler Funeral Home-1331 Rockville Fikeun 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Melanles 25M 1/67 Rockville Md.

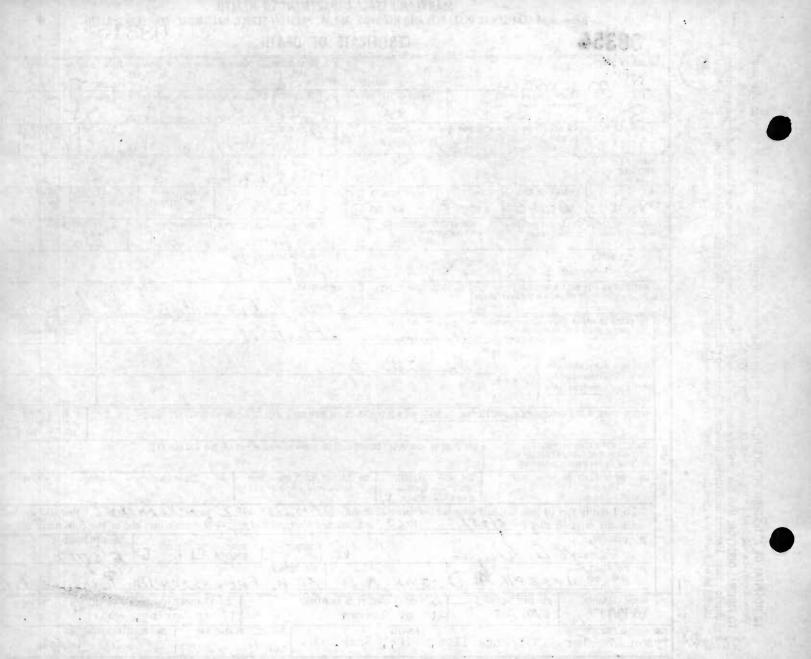
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08343 08353 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY West Virginia Montgomery MARYLAND in by The Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 64 days St. Albans Rethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 2349 Winter Street YES NO X carbon ent, with 3. NAME OF Middle First 4. DATE Lost Month Dov Year DECEASED Keith Fisher June 167 .Toe (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7 MARRIED lost birthdoy) Months Hours December 1956 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician (INDUSTRY COUNTRY? Student West Virginia IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara J. Currev Charles K. Fisher attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Medical Records, The Winical Center, (Yes, no, or unknown) (If yes give wor or dates of service) 0 Bethesda, Maryland 20014 None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Septicemia, fungal DUE TO 30 mos. Acute Lymphocytic Leukemia Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse attending the last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? far use Health YES XX NO OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that XIX (this haspital) attended the deceased fram. April 24 . 1967 to June 27, 19 67, that XIX (we) lost be retained 19 67, and that death accurred at 10:29% fram causes and on the date stoted obove. saw the deceased alive an June 27 220. SIGNATURE 22b. DATE SIGNED 6/27/67 DIRECTOR M.D. directar, page shauld be filed 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Md. Roland T. Skeel, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town (County) 250 RECID BY REGISTRAR | 250. REGISTRAR'S IVIER mountain FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Mcharles Judge

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 08354 CERTIFICATE OF DEATH within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY a. STATE b. CQUNTY MARYLAND ontgomer chince Geor b. CITY OR TOWN (If autside corparate limits hours af c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Dring campletely filled in emove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If hat in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 05 YES NO L 3. NAME OF remove carban Middle DATE Manth Last Year DECEASED (Type ar print) DEATH 1967 be executed SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED ma last birthdoy) Months Days Haurs Min 23/1967 WIDOWED DIVORCED and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY requires that the death certificate 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, 14. MOTHER'S MAIDEN NAME attending phys amos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise ta immediate cause (a) er this certificate has been signatured for use as the bate Dept. of Health prior to b DUE TO stoting the underlying cause attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES 🗌 be retained by the haspital ar 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. o 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Haur a.m. foctory, street, office bldg., etc.) Nat While ATTENDING at wark O FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this hospital) attended the deceased fram 6.34 P. M 6/23, 1967, to M. Soph Ch 39 67, that (1) (we) last directar, page 3 shauld shauld be filed with the 1967, and that death accurred at M: 52M, fram causes and an the date stated above. saw the deceased olive on 6/23 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 50 W. EDMONSTON DA OSEPH UGAN MOCKVILLE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 6/27/67 Gate of Heaven Silver Spring, Montg. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1331 Rockville, Pike, Rock, Md. Tyson Wheeler Melanley 20 M 1/66

6-776954

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 08355 CERTIFICATE OF DEATH death 24*hours after death and and completely filled in by the funeral remave carbon papers. Pages 1 and in any event, within 72 hours after deati 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE aryland Montgomery a. COUNTY Montgomery MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparate limits, write RURAL ond give neorest town) Jakoma Park uears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 100 Eastern Avenue 7723 Eastern Avenue YES NO R death certificate be executed within 3. NAME OF Middle 4. DATE Last Year DECEASED Hagg 19 67 Mand (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Manths Davs Haurs Hug 22, 1870 temale white WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT please during most of working life, even if retired) NDUSTRY, COUNTRY? Maryland)wn home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phy permit. Then John E. Miller Katherine Hager Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dotes of service) Eastern Ave. 7723 213-56-0005 Burr M. Haga INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (0), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DUF TO stating the underlying couse 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 🗍 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS LINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice blda.. etc.) Haur a.m. Nat While ot wark at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from. , and that death accurred at 912 M, fram causes and an the date stated abave. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURI **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Francis X. Richardson Viers Mill Rd., Wheaton, Md. directar, pa shauld be f 1412 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) New Norborne Cemetery 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Thanks VR A15 (4) 20 M 1/66

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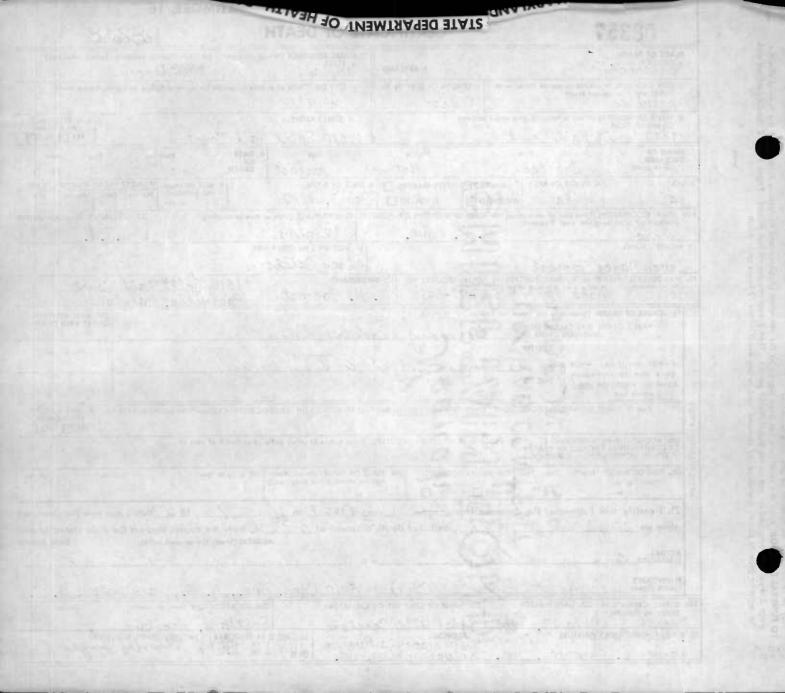
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08347 08356 CERTIFICATE OF DEATH INA M. FLORING death executed within 24 hours after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY_ o. STATE b. COUNTY ve carban papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR JOWN (If aviside corporate)
write DRAL and ove newest tawn CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) þ vis ء. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled NAME OF First Middle Last DATE Month Year DECEASED OF 1967 (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED airthdoy) Manths Haurs WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be most of workinglife, even if retired INDUSTRY COUNTRY? NAUGRA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, muli 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or upknown) (If yes give wor or dotes of service 2908 Evanston, Rock 18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: for (o), (b), and (c).) signed by the burial-transit p IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the State Dept. of Health priar to has WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X certificate d 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TO FUNERAL DIRECTOR: After this (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While OR ATTENDING ot work 21. I certify that (1) (this haspital attended the defeased from and that death accurred M, fram causes and an the date stated above. saw the deceased alive or 22o. SIGNATURE 22b. ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRE NAME (Type) 230. SURIAL TREMATION DATE THEREOF 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Kity or REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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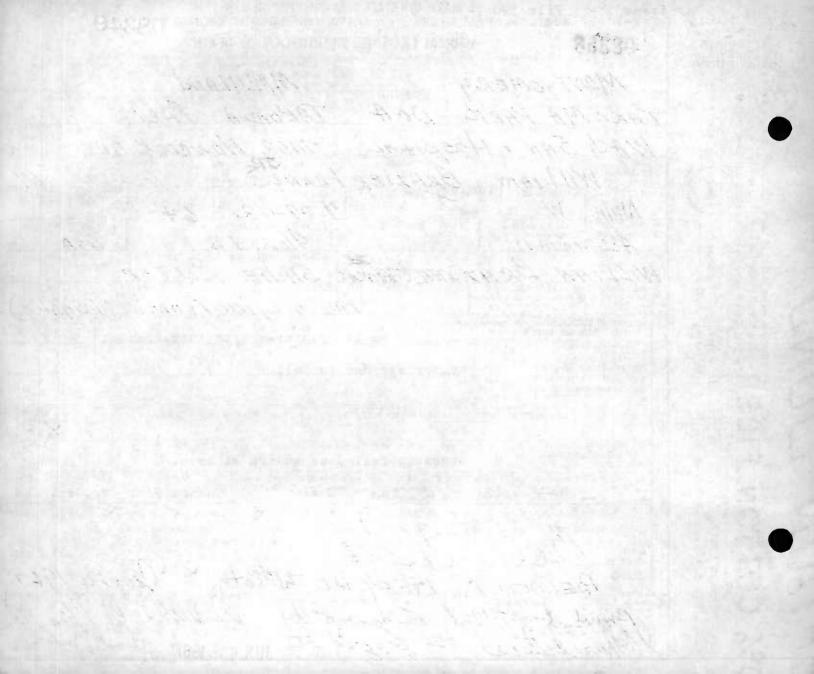
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	O FUNERAL D TOR: After this certificate has been signed by the ottending physicion and completely filled	page 3 shault. detached for use os the burial-transit permit. Then please remove corbon papers. Pages 1 the registror prior to burial, cremation, ar remaval, and in ony event within 72 hours ofter death.	
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1.	PLACE OF DEATH COUNTY Montgomery				MAR	YLAND	2. USUAL RE	sidence (wh	ere decease	d lived. If institu	tian, Reside	ence befor	re odmiss	ion)
	b. CITY OR TOWN (IF RURAL and give new Rockwille	autside carporate limit arest town)	ts, write		TH OF STAY	IN 1b		R TOWN (If o	utside corpo	rate limits, write	RURAL ond	give neo	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d. STREET	ADDRESS	10 . 1				e, IS RES	IDENCE FARM?	
	11610 2011		rt_						Rail	Court			YES _	NO/S
	NAME OF DECEASED (Type or print)	Chester	it		Middle	rthu		orrest	4. DATE OF DEATH	June	onth	Do:		Year 19 67
	sex male	6. COLOR OR RACE white	7. MARS		EVER MARRI DIVORCE		Peb 3,	тн 1882		9. AGE (In year last birthday) 85 yr	Months		Haurs	R 24 HRS. Min.
100	during most of working Retired	N (Give kind of work on the life, even if retired)	lone 10b.	KIND OF	Gout.		STRY 11. BIRTH	PLACE (State of	ar fareign co	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY?
13.	FATHER'S NAME						14. MOTHER	'S MAIDEN N	AME			v () - ()	9	
	Leven Jame							Callis	1					
is.	WAS DECEASED EVER	IN U. S. ARMED FORD	avicel		-6456		NFORMANT . H. 90	rrest		10 Spli				
	IB. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a),	(b), and (c).	.]						INTE	RVAL BE	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cen	ness	C	celus	in				ONS	ELAND	DEATH
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	Conditions, if on		-	Rem	ingli-	340	1 Grd	psc 4	nosu	1				
	gove rise to im cause (a), stating the lying cause last.		(1		0								
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS O	ONTRIBU	TING TO DE	ATH BUT	NOT RELATED	O THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	LI CAUSE OF DEATH I	20b. DES	CRIBE HO	W INJURY O	CCURRE	D. (Enler nature	of injury in P	ort I or Port	I It of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While	NJURY OC	while		ACE OF INJURY			ar tawn)		(County)		(State)
	21. I certify the	at I attended the	deceas	ed from	a	Mu	42396	7. 10 de	me '	9, 196	Zthat I	last so	w the	deceased
	alive an Ma	2.0	_, 19_6	0		-		477		n the causes				
			1						ADDRESS (SI	reet, city or tow	n, state)		DI	ATE SIGNED
	ACTUAL SIGNATURE	age to	190	uni			M.D				6-	9-6	3 7	
	PHYSICIAN'S NAME (Type) 6	eorge A	Ba	ivis	M	0.	<u>5410.</u>	Cann.	Ave.	N. W.	Washi	nato	n D	. C
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NA	ME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	TION (City, town	or county)		(State	•)
26	Burial	Dune 12	1967	Ced	-	U.C.	emetery		Suitl		ryland			
23.	FUNERAL DIRECTOR'S	SIGNATURE CARE	ncar	843	4 Gept	rgia	Avenue	24a. REC'E	BY REGIST		USTRAR'S SI			



Q BWIS	Items 18-21 Film 390 7- MARYLAND STATE DEPARTMENT OF HEALTH 7-13-67 amspivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21200 24.
FOR STATE	08358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY MONT GOME P. 4 MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND b. COUNTY MARYLAND
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If on S 1, 2, orm P orm P	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE
death. I e Pages with for	3. NAME OF First Middle Last TR 4. DATE Manth Day Year DECEASED (Type or print) WILLIAM BRAZIFR FRANCIS DEATH 6 - 44 1967
s after 18. Giv e along	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years left) lost birthday) Months Days Hours Min.
24 hour n Item 's Office s lond'	10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
f within 24 in pencil in Examiner's File pages 2 hours often	13. FATHER'S NAME WILLIAN BRAZIER FRANCIS SADIE COLTER
executed valued in Medical Experient Experient. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address ALLA LYNN FRANCIS (JAUGNER)
be e 'pe iief iief insit	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple skull fractures with intracranial IMMEDIATE CAUSE (b) Multiple skull fractures with intracranial
ertificate should be e writing the word "per worded to the Chief I sed as a burial-transit rol, ond in any event	DUE TO Canditians, if any, which gave (b) hemorrhage due to fall
ficate ring th rded to as a b ond in	stating the underlying cause DUE TO (c)
EXAMINER: This certificate, write the certificate, writings 4 should be forwory your files. Poge 3 should be used cremation, or removal,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
MINER: This of the certificate, 4 should be four files. e 3 should be u remover the certificate, or remove the certificate of	PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY TO GONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY TO GONTRIBUTING Deceased fell down stairs at home.
L EXAMINER: cecute the cert Page 4 shouls for your files. NR: Page 3 shou	20c. JIME OF INJURY Month, Day, Year 20c. JIME OF INJURY Month, Day, Year 3 Hour a.m. 6-4 19 67 Of While of work of all wark of factors treet affice bldg., etc.) Takoma Park Pr. Geo. Md
se execute ctor. Page ctor. Page hed for you ECTOR: Pog buriol, cren	21. I certify that I took charge of the remains described above, held on Autopsy X. Inspection Inquiry and in my apinior death resulted from Notural couses . Acident . Suicide ., Hamicide ., Undetermined manner
MED Heose direct tains to b	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED)
o DEPUTY Incessory, plane funeral of may be reconstructed to FUNERAL Health prior	EXAMINER'S NAME (Type) BELDEN READ M.D. Address (Street, Australia) June 4, 1967
TO D nece the 5 m TO Fu	256. BURIAL PREMATION. REMOTE Specify Leave 7-1967 23c. NAME OF CHMELERY OR CREMATORY 23d OCATION (CUTOr Town) (GOUDY) (Stote) 24 FEMILIARY DIRECTOR 24 FEMILIARY DIRECTOR 25c. RECISTRAR 25b. REGISTRAR 25b. REGISTRAR 35ch Alure
VR A15ME (5) 6M 1/67	History Halters 254 Ferral St DAJUN 6 1967 gelievles Judge.

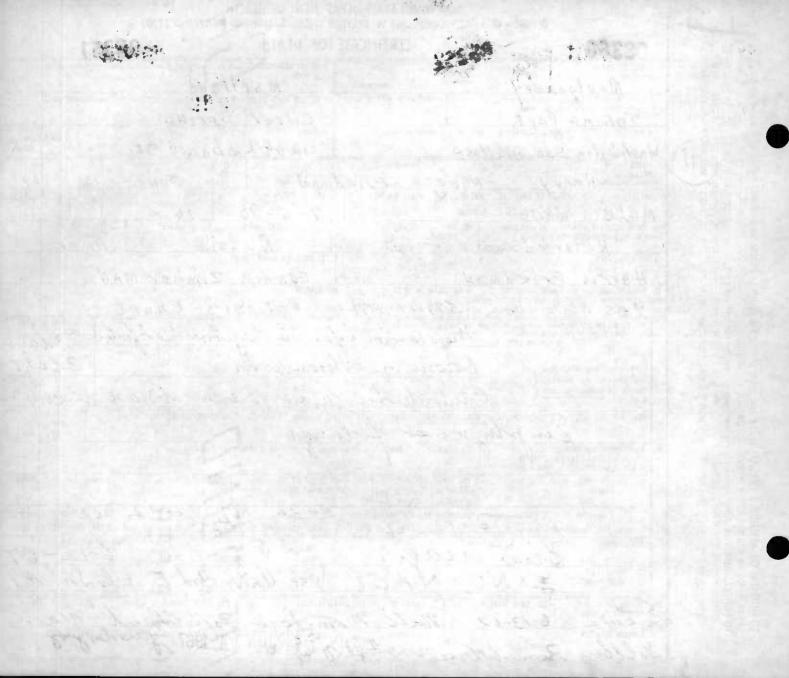


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #ld Film #G390 08353 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). a. COUNTY a. STATE b. COUNTY C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR JOWN (If autside carparate limite, write RURAL and give nearest tawn) RORM and give nearest town requires that the deoth certificate be executed within 24 hours Kany d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM Birch Avenue 3. NAME OF 4. DATE pou Middle Month First Last Year and completely DECEASED OF runces DEATH (Type or print) reprove car any even IF UNDER 1 YEAR DATE OF BIRTH AGE (1/ COLOR OR RACE 7. MARRIED NEVER MARRIED Months day) Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) pleose 13. FATHER'S MAM 14. MOTHER'S MAIDEN NAMI 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? NIPORMANT (Yes, no lowunk mown) (If yes give war or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) burial-tronsit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a.m. Not While factory, streef, affice blda., etc.) 21. I certify that (1) (this hospital) oftended the deceased from_ , and that death occurred at 40 saw the deceased alive on M, fram causes and an the date stoted obove. 22a. SIGNATURE 22b. DATE SIGNED. ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TWA director, 230. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 23c. (State) 2Sb. REGISTRAR'S VR A15 (4) Munica 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY hours after MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MONICOMER b. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled within YES NO. NAME OF Middle DATE Lost Year campletely Doy DECEASED (Type or print) 14 enry JUNE COL NONE DEATH 1967 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIFD lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY CQUNTRY? etived boxes FOOD 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, ZIMMEYM 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 07-8897 otient's 20 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Muroland, D. IMMEDIATE CAUSE (o) by the hospital ar attending physician. signed k 4201 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar tal last. PART II. OTHER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS' PERFORMED? NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter Nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) While Not While of work of work 21. I certify that (I) (this hospital), attended the deceased fram_ 194 19 7, that (1) (we) last Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an 1967, and that death accurred at 7454 M, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED M M.D. PHYS DIRECTOR director, page should be filed PHYS 22c. PHYSICIAN'S ADDRESS: O HOSPITAL NAME (Type) 230 BURIAL PREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) (Stote) (ounty) REMOVAL (Specify) CIAL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08361 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institu o. COUNTY a. STATE Montgomery New Jersey MARYLAND c. CITY OR TOWN (If autside carporage fimits, write RURAL and give nearest town) b. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 Pleasantville Bethesda days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 508 Martin Terrace The Clinical Center, Bethesda, Maryland YES NO X NAME OF Middle First 4. DATE Month Day Year DECEASED William Fuhrman 1967 (Type or print) Henry DEATH June 10 9. AGE (In years S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) White WIDOWED | DIVORCED 27 April 1942 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) INDUSTRY COUNTRY? Plasterer Construction New Jersev USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry W. Fuhrman Mildred Little 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recorderess 20014 (Yes, na, or unknown) (If yes give war or dates of service)
Yes 1960-1964 152-32-1648 The Clinical Center, Bethesda, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Gastrointestinal hemorrhage IMMEDIATE CAUSE (o) DUE TD Chronic myelogenous leukemia Canditians, if ony, which gove 21 months rise to immediate cause (a), DUF TO stoting the underlying cause as the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTDPSY PERFORMED? E coli and pseudomonas septicemia; cerebral edema (at post) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING detached for the Dept. of I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (County) (Stote) Not While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After at work of work Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased from 3 April , 1967, to 10 June , 1967, that (1) (we) los saw the deceased alive an 10 June 1967, and that death accurred at 9:00 M, from causes and on the date stated obove saw the deceased alive an 10 June 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING X 11 June 1967 M.D. 22c. PHYSICIAN'S Clinical Center, National NAME (Type) Carl Kierney, MD Institutes of Health, Bethesda, Md. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Pleasantville, New Jersey Greenwood Cemetery June 14. ARther Spring, VR A15 (4) 25M 1/67 Varner E. Pumphrey. Inc. 8434 Georgia Ave.

SERERS

1	Division of	MARYLAND STATE I STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH	4
FOR STATE	08362		S CERTIFICATE OF DEATH	WARTLAND 21201:-
As Pode in the ment of the control o	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if o. STATE MARYLAND	b. COUNTY
PM3. Page pm3. Page artment of fter death.	b. CITY OR TOWN (If outside corpo write RURAL and give nearest	rate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, w	Virite RURAL and give neorest (bwn)
ate Depar	d. NAME OF HOSPITAL OR INSTITUT	ION (If not in hospitol, give street address)	d. STREET ADDRESS 14706 CROSS WAY	e. IS RESIDENCE ON A FARM? YES NO M
r's Office along with farm PM3. Possible and 2 with the State Department by every within 72 hours after dea	3. NAME OF DECEASED (Type or print)	First Middle	Last 4. DATE OF DEATH	Manth Day Year Cente 29 19 67
2 with the within	S. SEX 6. COLOR OR FEMALE WHITE	RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In)	
ges land 2 any event	10o. USUAL OCCUPATION (Give kind of w during most of working life, even if retir Sect TREASURER	ed) INDUSTRY -	11. BIRTHPLACE (Stote or foreign country) LEXAS	12. CITIZEN OF WHAT COUNTRY?
Examiner's File pages and in any	13. FATHER'S NAME FRANK	KRAUSE	14. MOTHER'S MAIDEN NAME MATILDA Ohler	nbrisch
Medical Exit permit. Fi	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give wor	or dotes of service) 465-03-9863	Hersenel Gaddis 14700 HUSBAND 7 HERSE	6 Actossway Rd.
re ward pending is the Chief Medical burial-transit permit. matian, ar remaval,	PART 1. DEATH WAS CAUSED	TE CAUSE (0)	ial Interction	ONSET AND DEATH
be farwarded to the Chief Medical Examiner's Office along with farm be used as a burial-transit permit. File pages I and 2 with the State Del to burial, cremation, ar remaval, and in any event within 72 hours	Conditions, if ony, which gave rise to immediate couse (a),	DUE TO (b) Coreilar	Throimbosis_	Recent -
be used as a to burial, crei	stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONI	(c)	O THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
ould be us prior to bu	2Da. EXTERNAL CAUSE WAS		D. (Enter noture of injury in Part I or Part II of item	PERFORMED? YES NO
file 3 sh nt,	2Dc. TIME OF INJURY Month, Day	y, Yeor 2Dd. INJURY OCCURRED 2De. P	LACE OF INJURY (Home, form, 2Df. (City or to	
50 >2 0	p m.	19 While Not While of work of work of what while of work of work of work of while of while of while of while of work of while of while of work of while of while of work of while of work of work of while of work of while of work of work of while of work o	octory, street, office bldg., etc.) held an Autapsy , Inspection ,	Inquiry 🔀, and in my apiniar
directar. Pag stained far y DIRECTOR: Po designated	death resulted from:	,		ned manner
eral di be ret RAL D or its	ACTUAL SIGNATURE EXAMINER'S	Im D. 13all	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	6/29/67 = 22. DATE SIGNED
the funeral 5 may be r ro FUNERAL Health or it	NAME (Type) John G. 230. BURIAL, CREMATION, 23b. Drams-burial J.	Ball Bethesda, A DATE THEREOF 23c. NAME OF CEMETERY O		
/R A15ME (5)	24, FUNERAL DIRECTOR Thomas	ehn 13 Shone 8434 Georgia A	Juenne 250. REC'D BY REGISTRAR	Dexas 25b. REGISTRAR'S SIGNATURE Clearles Judges
6M 1/66	Warner E. Pumphri	ey, Inc. Julyer Spring.	Md. DATE JUL 5 1967	1



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

08363

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

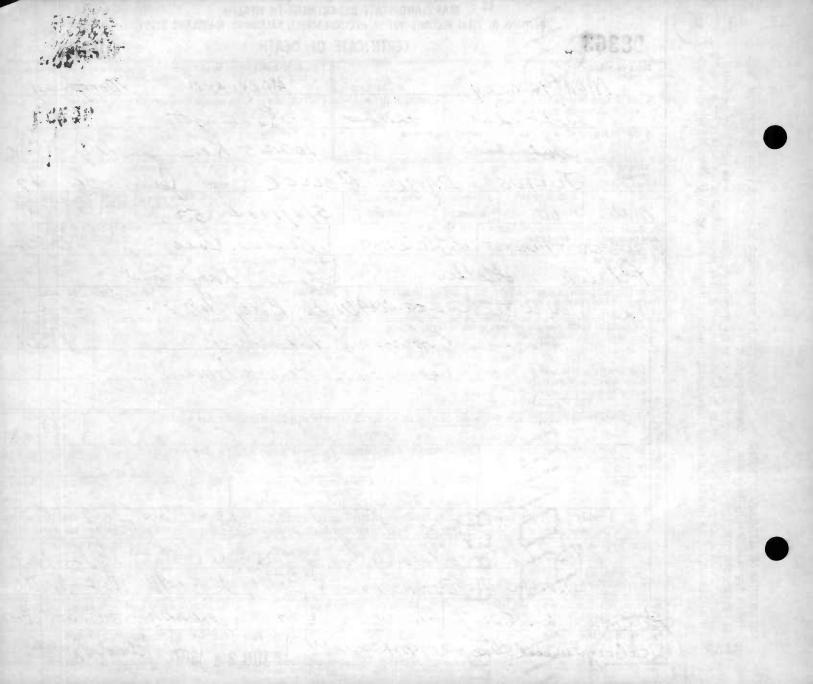
CERTIFICATE OF DEATH

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 D	1	1.6			1		

	0000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
O. COUNTY MONTGOMERY MARYLAND	O. STATE MARYLAND b. COUNTY Mortgonery
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
write RURAL and give nearest jown) 42 mins	2 4
A A A A A A A A A A A A A A A A A A A	d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	ON A FARM?
Duhurban	10225 Kensengton Pluy YES 1 NO 1
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) JULIUS DAVID 6	CLLEC DEATH Jane 26 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours Min.
male widowed Divorced	5/4/1914 (Sist birthdoy) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foceign country) 12. CITIZEN OF WHAT
dusing most of working life, even if sepired)	Senser, Calo COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip Geller	Lene Kaufman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address lane as
(Yes, na, or unknown) (If yes give war or dotes of service)	INTORMANI G 44 H
	ye Belly Della acour
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) COROLARY	Thrembers Thun
4201 DUE TO	
(b) Ceremens	atheresclerosis.
rise to immediate couse (o), stating the underlying couse DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINED)	PERFORMED? YES NO NO
206. ACCIDENT WAS UNDERLYING \(\) 206. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port 1 or Port II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o.m. While Not While fac	ctory, street, office bldg., etc.)
p.m. 17 of work 🗀 of work	
21. I certify that (I) (this haspital) attended the deceased fram_	andeath accurred at 822 AM, from causes and on the date stoted obove
	/
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS 26 / mm / 9/17
Comes or wome of	
NAME (Type) PULLER III . D. NOR III	22d. ADDRESS 2141 R STAW Washington DC.
- Christa W DONNETTY	
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
BRIMOVAL (Specify) 6-28-67 Mr. NEBC	
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Toldbergstuneeal Ame 42/797427. a	DATETIN 2 0 1967 Charles Just

VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08364 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERTA PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY 0 P.M.3. Page MARYLAND delay 1 File pages 1 and 2 with the State Department c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside gorporote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town puo write RURAL and give nearest town) 0.A e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ng with form Route 99 NO X NAME OF Middle DATE lost Year DECEASED June 1967 (Type or print) DEATH IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 102 Hours WIDOWED DIVORCED This certificate shauld be executed within 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIKMPLACE (State or foreign country) 12. CITIZEN OF WHAT the certificote, writing the word "pending" in pencil in Item. 4 should be forworded to the Chief Medical Examiner's Office during most of working life even if retired) INDUSTRY within 72 hours ofter 13. FATHER'S NAME Weaver 17. INFORMANT 16. SOCIAL SECURITY NO 4900 Randolph Rd. Rockiell (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Kogers INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY event ONSET AND DEATH Injuries multiple severe instantanpedestrian struck by auto any egus Conditions, if ony, which gove rise to immediate couse (a). = DUE TO stoting the underlying couse 0 and 19. WAS AUTOPSY PERFORMED? removol, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X execute the certificate, 20o. EXTERNAL CAUSE WAS PRIMARY Nor CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should cremotion, or MEDICAL EXAMINER: 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While Goithers burn Mont may be retained far your FUNERAL DIRECTOR: Poge ighway of work Inspection X 21. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted fram: Accident X Undetermined manner funeral director. Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John G. Ball Heolth NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 0 REMOVAL (Specify)

Mt. Olivet

McGaheysville.

2So. REC'D BY REGISTRAR

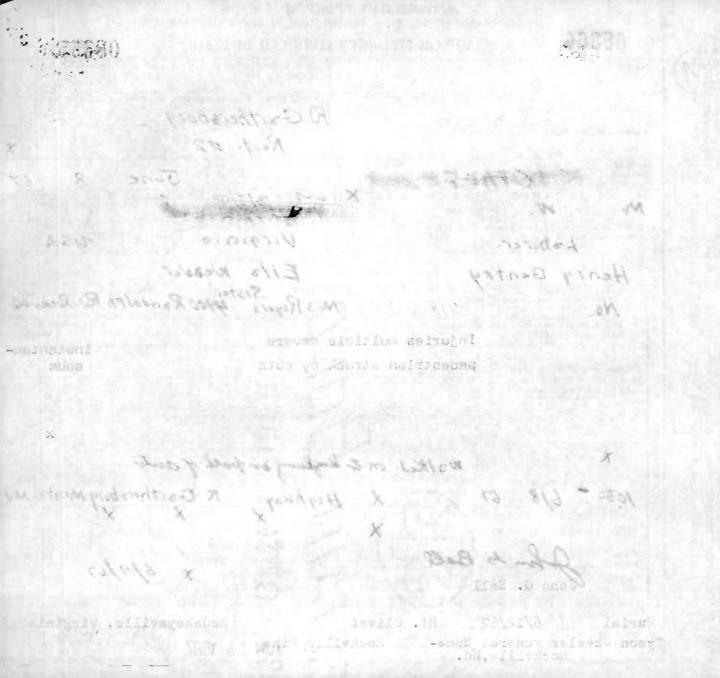
Virginia

6/12/67

Rockville Md.

Tyson Wheeler Funeral Home-1331 Rockville

VR A15ME (5) 6M 1/67 Burial

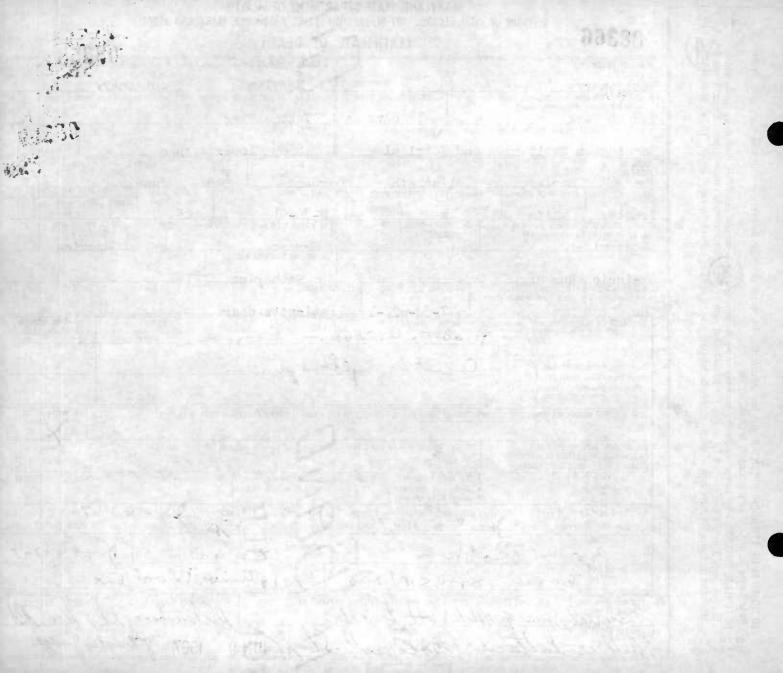


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08365 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Montgomerv o. STATE b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Felmor DOA Olney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1106 Ednor Rd. Montgomery General Hospital NO X executed within NAME OF 4. DATE Year 1967 First DECEASED Edith Amolia George DEATH (Type or print) IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In veors S. SEX 7. MARRIED **NEVER MARRIED** 15/96 1886 lost birthdov) Months Dovs Hours White Female WIDOWED DIVORCED rem pup 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? **INDUSTRY** Pennsylvania USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remava Cora Nobles Gaylord Simmons 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 578-07-li9lili Hospital Records, Olney, Maryland CAUSE OF DEATH (Enter only one couse per line for(o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY CUTE IMMEDIATE CAUSE (o) DUE TO LOUGESTIVE HEART Conditions, if ony, which gove rise to immediate couse (o), DUF TO ARTERIOSCLEROTIC HEART stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHERSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GWEN IN PART I(o) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour 'o.m. foctory, street, office bldg., etc.) Not While ended the deceased fram. this haspital) I certify the 1967, and that death accurred at 3:30 M. fram causes and an the gate stated above. he deceased alive an 22b DAIL SIGNED 220 SIGN TURE M.D. 22c. PHYSICIAN'S 22d. ADDRESS Medical Center, Olney, Maryland Donald R. director, po should be f NAME (Type) Lewis 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Fort Lincoln Cem. 6/20/67 Colmar Manor. Funera LADDRESS Mt. Raini et 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Home Inc. Maryland

Sundered the transfer the court of the transfer of ACUTE PHOROMAL FAILURE SODEE CHEODIC COOPESING SEART FIRME 6 1/2 ARTERIOSCIEROTIC HORT DIS 125 FULHODARY EMPHYSEMBE CHE. MADITION

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08366 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral and er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: a. COUNTY a. STATE b COUNTY Montgomery
b. CITY DR TOWN (If outside carparate limits, write RURAL and give nearest tawn) remave carban papers. Pages 1 in any event, within 72 haurs after MARYLAND Maryl and Montgomery the c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Takoma Park davs Takoma Park .⊑ d. NAME DF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled Washington Sanitarium and Hospital Flower avenue YES NO [NAME OF First Last 4. DATE Month Doy Year DECEASED (Type or print) Elizabeth DEATH Marie Gernand June S SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH 7. MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED 6-30-07 female white and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired) ease INDUSTRY COUNTRY? Housewife America Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Heinrich Humburg Katharina 1S. WAS DECEASED EVER IN U.S. ARMED FOR CES? (Yes, no, ar unknawn) (If yes give wor or dates af service ar rer 17 INFORMAN 16 SOCIAL SECURITY ND Address 577-30-627-1 crematian, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN (b), and (c). burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying cause Page 4 may be retained by the haspital or attending as the last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health p NO certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INIURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Yeor (City or town) (State) (County) Haur a.m. foctory, street, office bldg., etc.) Nat While at work 10 FUNERAL DIRECTOR: After 6. 19 6 7 thpt (1) (we) lost 21. I certify that (1) (this hospital) of tended the deceased from 19 6 7, and that death accurred at Las from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BORIS 019 230. BURIAL CREMATION, ACCATION (City or Town) PUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNAT VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL-EXAMINER'S CERTIFICATE OF DEATH FOR STATE 08367 HEALTH DERT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ALd b. COUNTY o. COUNTY o. STATE Poge onToomeRy MARYLAND c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) puo hours after d. NAME OF HOSPITAL (1) not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE STITUTION Examiner's Office olong with form RET YES Give Pages NO NAME OF First 4. DATE Month Dov Year. 2 DECEASED OF 196 25 une within Type or print DEATH IF UNDER 24 HRS. SEX COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER birthdoy) Months Dovs Hours Item 18. CuhiTe MAY-26-1930 WIDOWED DIVORCED 24 hours event ond 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired)

13. FATHER'S NAME INDUSTRY Fiberglass G COUNTRY? SA. in any 4 pencil 14. MOTHER'S MAIDEN NAME Patrick Gibbons Anna Rodgers and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed Childs Street 10841 permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removal 578-34-7385 ues Mary Lou Gibbons Korean 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit Coronary insufficiency 0 IMMEDIATE CAUSE (o) should Ward 4201 cremation, DUE TO Conditions, if ony, which gove coronary arteriosclerosis writing the rise to immediate couse (o), certificate DUF TO 0 stoting the underlying couse forworded SD used as burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) certificote YES TO NO pe 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, prior 3 should PRIMARY Or CONTRIBUTING L'AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work of work designated 21. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection X Inquiry X and in my opinion Notural couses A deoth resulted from: Accident Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Heolth Bethesda, Maryland NAME (Type) John G. Ball Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 Gate of Heaven Cemetery Silver Spring. Maryland PEGISTRAR'S SIGNAT Carlo, 843 4 Georgia Avenue VR A15ME (5) Pumphrey. Inc. 6M 1/66

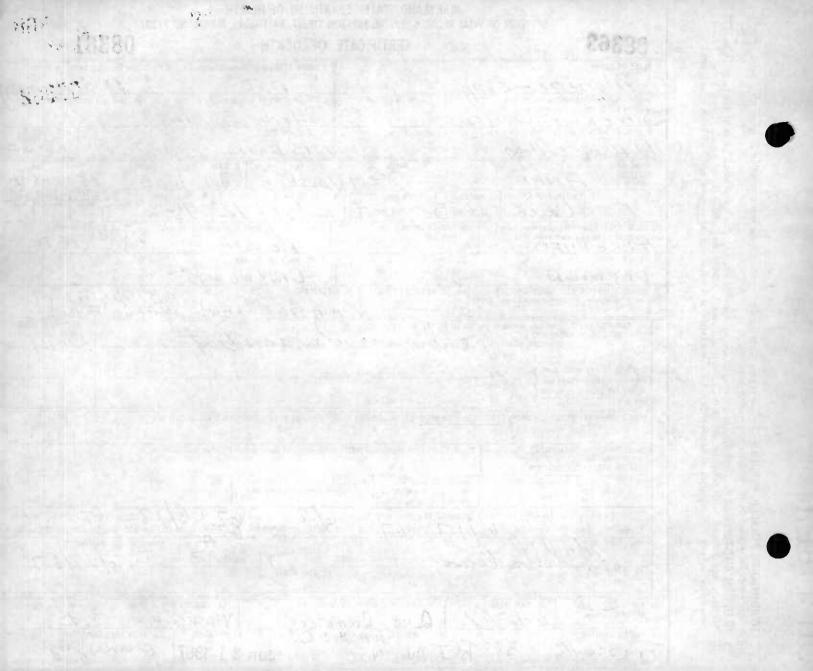
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH' FOR STATE HEALTH\DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission) b. COUNTY _ D a. COUNTY Washington Montgenrei MARYLAND deloy State Department c. LENGTH OF STAY IN 1b autside carparate limits autside carparate limits, write RURAL and give nearest tawn) puo ashington write RURAL and give negrest town 6Pm Chevy Clase d. NAME OF HOSPITAL OR INSTITUTION (II nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? along with farm 855 COlvert. St. N.W Ne Barlow Ble is consin. in Item 18. Give Pages be executed within 24 hours ofter death. NAME OF First Middle Last Year DECEASED Goldman 30/cu 19 67 (Type or print) DEATH S. SEX 9. AGE (In years MARRIED NEVER MARRIED 34 DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) May 11. death. WIDOWED DIVORCED Office 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of working life, even il retired) COUNTRY? INDUSTRY Penna. SA et. in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 haurs Herman Goldman Tillie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Medical (Yes, na, or unknown) (II ves give war ar dates of service) within INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) Carbon Monoxide Poisioning event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AL EXAMINER: This certificote should writing the word DUE TO the ony Conditions, if any, which gave rise to immediate cause (a). 9 = DUE TO stating the underlying cause 4 should be forworded 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, please execute the certificate, NO X pe 20a. EXTERNAL CAUSE WAS PRIMARY 10 ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature all injury in Part I or Part II of item 18.) 3 should 0 Lock under of car moter run CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, form, (City or town YOUR Nat While factory, street, allice blda. etc.) Monteiomery FUNERAL DIRECTOR: Page at wark at wark in Blok 21. I certify that I taak charge of the remains described above, held an Autobsy Inspection V Inquiry (V) and in my opinion Suicide X death resulted fram: Naturol causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL Heolth Address (Street, city, tawn, or county) Bethesda. Md. NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 Burial (Specify) 6-3-67 Montefiore Cemetery Montgomery County. VR A15ME (5) PUMPHREY. Bethesda, Maryland 6M 1/67

Washington DC Avent gentler y seems given Washington. 143 Chedy Clase 5454 Wiscosin Ale Borlow By 1855 Callert St NW Goldman Jane 1 Stanley May 11 1931 36 The state of the s Carbon Managale Passining . in Horse named from solvent state & last secular from the 12th - 6/11 - 67 - 8 offer 200g - changelon shatyanes . St. , St. Control of the state of the stat The state of the series of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08363 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY hely filled in by the fun-ban papers. Pages 1 within 72 haurs after d MARYLAND b. CITY OR TOWN (If autode carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in happital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled YES NO 1 completely fi NAME OF Middle DATE First Doy Year DECEASED NNA 1967 unE (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** rentrove or removal, and imany ey birthday) Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. SIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY,? attending physician permit. Then please EUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INKNOWN NIKNOW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT R. Addrys Bex 123 WALDORF, md (Yes, no, or unknown) (If yes give wor or dotes of service) REENLAND burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (6), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE signed by the burial-transit ONSET AND DE IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES [NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While O HOSPITAL OR ATTENDING Page 4 may be retained by th at work ot work 21. I certify that (1) (this haspital) attended the deceased from ond that death occurred of 50M, from couses and on the date stated above saw the deceosed olive an 22o. SIGNATURE 22b. DATE SIGNED MED M.D. DIRECTOR PHYS director, pay-22c. PHYSICIAN 22d. ADDRESS NAME (Type) 230. BURIAL (REMATION) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) WASh: naton 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



FOR STATE

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examinar's Office along with farm PM3. Page any deloy is 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of This certificate should be executed within 24 hours ofter death. If Health prior to buriol, crematian, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08370	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH	08362
	PLACE OF DEATH O. COUNTY Mont	gomery	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution: I	. "/
	b. CITY OR TOWN (If outside write RURAL and give ne	prest 1949)e	C. LENGTH OF STAY IN 16	1	ide corporate limits, write RURAL of shing ton.	and give neorest town).
		STITUTION (If not in hospital, in T Count)		d. STREET ADDRESS	s Mexico are-	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Rolph.	Lansburgh (Sold smith	4. DATE OF SOME	9 Year 19 67
S.	M. u	R OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Mey 2, 189		UNDER 1 YEAR IF UNDER 24 HRS
duri	USUAL OCCUPATION (Give king most of working life, even	if retired) Shorgh Retrect	ND OE BUSINESS OR DUSTRY DEPOT	11. BIRTHPLACE (Stote or Wash	ington_D.E.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	· Goldsmi	th.		- Lansburg 1	h .
	WAS DECEASED EVER IN U.S., s, no, or unknown) (If yes give	in war as dates of consiso)		on. Englond.	Son-in Low Address 1540 Rockville	Pike-Rockville
	PART I. DEATH WAS O	DUE TO (b)	co, (b), ond (c).) Eoronary I	nsufficence	y Acute	INTERVAL BETWEEN SUSET AND DEATH
ATION	PART II. OTHER SIGNIEICAN		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTI CAUSE OF DEATH.	NG 🗆 20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Pa	rt I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	th, Day, Yeor 20d. II While 19 ot wor	Not While foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	death resulted from		nains described above, he Accident, Suic	ide , Homicide CHIEF MEDICAL EX M.D. ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINER DE 6/9/City, town, or county)	22. DATE SIGNED
230	BURIAL, (REMATION, REMOVAL (Specify)	23b. DATE THEREOF 6/12/67	Wash. Heb.		23d. LOCATION (City or Town) Washington	

\$ 250. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

2Sb.

1967

VR A15ME (5) 6M 1/67

24. EUNERAL DIRECTOR

Danzansky & Sons

sa whente our from the properties R. Rock v. 114 DeAl : Indishingting Kard most Country Clob : 275 , Man Muse due Note Rolph Lonsburgh Coursell Sone g Mey 2,1895 75 The dark Leading Both Defitting I Washington De Town Charles Geldsouth Minne Lansbergh Jon England 1540 Andrew Phillips Corona y Insufficiency Newton 5418/4 X 138 4 Control Control

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08371 CERTIFICATE OF DEATH degth. puo filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE MARYLAND 24 hours after papers. Pages 1 nin 72 hours after MONTGOMERY VIRGINIA b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) BETHESDA (RURAL DAYS ARLINGTON e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 16 YES NO V within NAVAL HOSPITAL 3. NAME OF Middle please remove corban First DATE Month Lost Year and completely DECEASED GOOD DEATH 19 (Type or print) MICHAEL CHRISTOPHER JUNE requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours DIVORCED WIDOWED MALE CAUC OCTOBER 1945 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) and in during most of working life, even if retired) COUNTRY? INDUSTRY FREEMONT. OHTO IISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removo DATE S. GOOD MARY ANN PAVELLE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND Address NEW YORK (Yes, no, or unknown) (If yes give wor or dotes of service 228-62-8650 GOOD cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN WIDESPREAD METASTASIS signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) EMBRYONAL CARCINOMA OF LEFT TESTIS WITH DUE TO buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the Poge 4 may be retained by the haspital or ottending DIRECTOR: After this certificate has been ast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? for use NO PERTTONTIS SECONDARY TO INTESTIONAL STRANGULATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) of work ot work pe , 19 67, ta 20 JUNE , 19 67, that (I) (we) last 21. I certify that (this haspital) attended the deceased fram 5 APRTL 19.67, and that death accurred at 7:00 AM from causes and an the date stated above. saw the deceased alive an an JUNE 220. SIGNATURE 22b. DATE SIGNED ATTENDING 21 June 1967 DIRECTOR PHYS M.D. PHYS. director, page should be filed 22d. ADDRESS 224. PHYSICIAN'S O FUNERAL NAME (Type) Lawrence A. Jones, M. D. NAVAL HOSPITAL BETHESDA 230. BURIAL, CREMATION 23b. DATE THEREDE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FALLS CHURCH VA. NATIONAL MEMORIAL PARK 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles VR A15 (4) 3901 NORTH FAIRFAX FUNERAL HOME. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06372

GRACA.

	00010	CERTIFICATE	OF DEATH	900	UX
Ī	I. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived, if institution: Residue	dence before admission)
	Montgemen	MARYLAND	11/00	yourd Mo	nlawery
	b. CITY OR TOWN (If outside coparate limits, write RURAL and give movest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It out	de carporote limits, write RURAL and	give neorest tawn
L	Betheada	dedays.	Sell	esda 15.1	
,	d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS	1 - /	e. IS RESIDENCE ON A FARM?
	Huhre	when Haspeled	26/10	Versten Hoad	YES NO 🔀
	3. NAME OF DECEASED (Type or print)	v F Middle	rdan	4. DATE Manth OF DEATH	Day Year 2/ 1967
2	S. SEX 6. COLOR OR PACE 7.	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE in years IF UND	
	11000	WIDOWED DIVORCED	2/8-191	70 Yrs.	
, d	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if setired)	IDD KIND OF BUSINESS OR INDUSTRY	W. BIRTHPLACE (County &	State, ar fareign country) 12.	COUNTRY?
1	13. FATHER'S NAME	A SULANDE STATE	14. MOTHER'S MAIDEN NA	AME //	
L	Joseph Sand	an		- Xanuel	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes po, or unknown) (If yes give war ar dates af ser	16. SOCIAL SECURITY NO. 17. II	NFORMANT Hands	Address Olders	
=	CAUSE OF DEATH (Enter only one cause p	per line for (a) (b) and (c))	11 Nowa	and the same	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	A	and abdomina	l aorta runtured	ONSET AND DEATH
	451X DUE TO	July State of Court o	Card Con Constant	T Got of It appeared	2000000
	Canditions, if any, which gave) (b)	arteriosclerosis	•		
	rise to immediate couse (a), stating the underlying cause DUE TO				
I	lost. (c)				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CEDTACICATION	2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Pa	art I or Part II af item 18.)	
RAEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur'a.m.	While Nat While facto	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	2Df. (City or town)	(County) (State)
	21. I certify that (I) (this haspita	at work at wark	10	ton metala 1	927 that (I) (wet last
	saw the deceased alive an		death accurred at	M, fram causes and an	the date stated abave
	220 SIGNATURE	7		226.	DATE SIGNED
1	(Brimm	M.D.	ATTENDING M	IRECTOR PHYS. 6	-22-67
	22/ PHYSICIAN'S NAME (Type) Q 5 RP	~~ ~~	22d. ADDRESS	Abra-	2- 1
	11	MATAN	Cheron	Muse, 1	WCV.
2	230 BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City ar Tawn)	(County) (State)
	Burial 6-24-6			Silver Spring	
	24. FUNERAL DIRECTOR DODE DE A DITMOUDEV	ADDRESS Marris	tland 25a. Respon	BY REGISTRAR 25b. REGISTRAR	Man Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72-trans after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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	7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
F. 2ª F		08373 CERTIFICATE OF DEATH 08365	
death.		1. PLACE OF GEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence a STATE b. COUNTY	before admission
er fe		Montgomery Maryland Maryland Montgomery	
after after	1	Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e nearest town)
urs urs		Silver Spring D. O. A. Silver Spring 15	1
24 hours filled in b apers. Re			. IS RESIDENCE
	99	TO REALLY ROLL	ON A FARM?
executed within and completely remove carbon promain any event.		DECEASED	Year
rted w compl		(Type or print) Gregory Gouthro DEATH June 12 5. SEX 6. COLOR OR RACE 7 MARDIED NEVED MARDIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR)	19 67
cute d co		Jast birthday) Macthe I Days	Hours Min.
and		male white WIDOWED DIVORCED Sept 4, 1916 or yrs. 10a, USUAL OCCUPATION, Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of Oreign country) 12. CITIZEN.	05 1111147
E SE		10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Sus Driver 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN (COUNTRY COUNTRY) 13. BIRTHPLACE (County & State, of foreign country) 14. CITIZEN (COUNTRY COUNTRY) 15. BIRTHPLACE (County & State, of foreign country) 16. BIRTHPLACE (County & State, of foreign country) 17. BIRTHPLACE (County & State, of foreign country) 18. BIRTHPLACE (County & State, of foreign country) 19. BIRTHPLACE (County & State, of foreign country) 19. BIRTHPLACE (County & State, of foreign country) 11. BIRTHPLACE (County & State, of foreign country) 11. BIRTHPLACE (County & State, of foreign country)	? WHAT
ate Series		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<u> </u>
eath certific attending ermit. Then		David 4. Gouthro Elizabeth MXXIXXX Mc Mullin	
ce ce t.]		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
atte atte		(Yes, no, or unknown) (If yes give war or dates of service) 579-42-1534 Elizabeth Gouthro Silver Spring Me	,
e de the the it per la trior			RVAL BETWEEN ET AND DEATH
t than.		PART I. DEATH WAS CAUSED BY: Acute myo cardial infarction 2	hrs.
ires that the death certifica physician. n signed by the attending burial-transit permit. Then,		14201 DIE TO	
phy phy signature		conditions, If any, which gave rise to immediate (b) Arterioscherotic heart disease. 18	mos.
requir ding p been the b	3	cause (a), stating the DUE TO	
aw ten		underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then be should be filed with the State Deat, of Health prior to burial, cremation, or removal.	23	YE YES	PERFORMED?
AN: pital prital d fo	pro	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) C (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SICI hos s ce iche	2		
the thi deta	0	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Action 19 Not While at work at work at work 19 at work 19 Not While Not While at work 19 Not While N	(State)
NG by ffter Stat			
R: A	2	21. I certify that (1) (this hospital) attended the deceased from January, 1966, to June 12, 1967, th	at (I) (we) las
TTE etail sho	4	saw the deceased alive on April 3 1967, and that death occurred at 231PM, from the causes and on the date	
OR ATTENDING be retained by JIRECTOR: After gg 3 should	Hou	M.D. ATTENDING MED. STAFF 220. DATE STO	7
PITAL 4 may ERAL D	2	M.D. PHYS. X DIRECTOR PHYS. I OFFICE NAME (Type) William F. Cimpson M.D. 22d, ADDRESS NAME (Type) William F. Cimpson M.D. 22d, ADDRESS	/
SPI B 4 r NER	11	NAME (Type) William F. Simpson. M.D. 6216 Nitt. are N.F.	
TD HOSPITAL OR ATTEN Page 4 may be retain TO FUNERAL DIRECTOR: director, page 3 should should be filed with thi	N N	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
E 2 .	010	Surial June 15, 1967 Gate of Heaven Compton Silver Spring Marile	nde
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08367 DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Montgomery MARYLAND MARYLAND MONTGOMERY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn). b. CITY OR TOWN (If outside carporate limits, CLENGTH OF STAY IN 16 write RURAL and give neorest town) 4ears AITHERS BURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form 00/04 Cedar Lane NO V in Item 18. Give Poges This certificate should be executed within 24 hours ofter death. icote, writing the word "pending" in pencil in Item 18. Give Pog be forwarded to the Chief Medicol Examiner's Office olong with NAME OF Middle Year DECEASED GRIFFITH OF DEATH John JUNE 1967 (Type or print) S. SEX AGE (In years IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Bet 14-1908 W. within 72 hours after death. WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired)
US Governent INDUSTRY Laytonsville. Montg. Md 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lena Gloyd Worthington Griffith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) 577-28-0078 Jane C. Griffith. As #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) in ony event PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (o) DUE TO Coronary arteriosclerosis, severe Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificote, YES 🗶 NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 should should b cremotion, or PRIMARY Or CONTRIBUTING MELICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taok charge af the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinian death resulted fram: Natural causes Accident Suicide . Undetermined manner Hamicide funerol director CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) Gaithersburg. St Rose Md. Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Gaithersburg. Md. 6M 1/67 Ernest C. Gartner.

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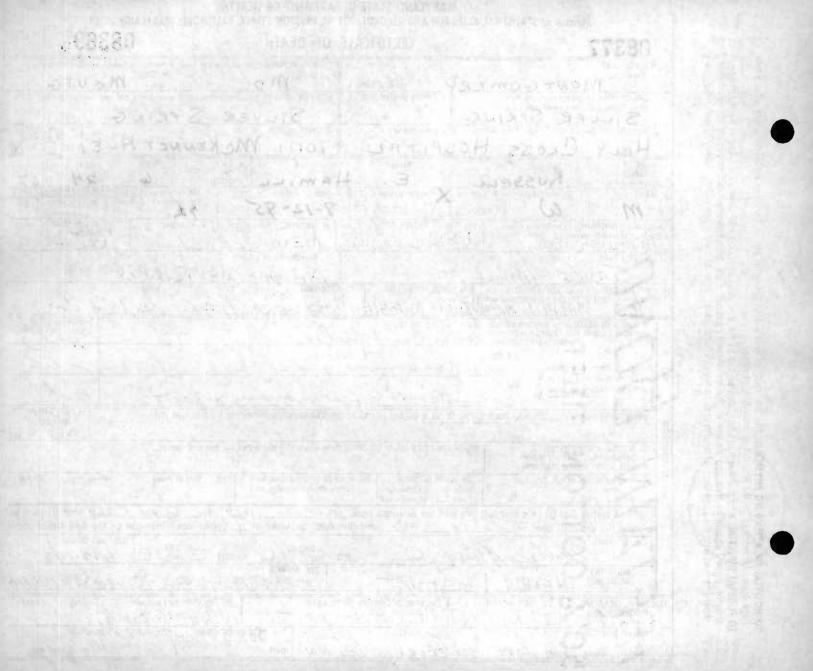
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08377 death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ONTGOMER MARYLANO executed within 24 hours after b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest towo) wuriar-iransir permit. Then please remave carban papers. Page burial, crematian, or remaval, and in any event, within 72 hours al campletely filled in by th give neorest town e. IS RESIDENCE ON A FARM? d. STREET ADORESS OR INSTITUTION (If not in hospital, give street oddress) OSPI NO 3. NAME OF Middle DATE Year Ooy DECEASED DEATH Type or print) AMIL AGE (In years IF UNDER YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIEO DATE OF BIRTH NEVER MARRIED birthdoy) Hours DIVORCEO WIDOWED and 10b. KANO OF BUSINESS, OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 17. INFÓRMÁNI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO or unknown) ((If yes give wor or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. **OUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been as the with the State Dept. af Health priar to WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use NO this certificate 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While of work ot work 21. I certify that (1) (this haspited) attended the deceased fram Letz1 . 19/2 . ta 6/24 , 1962, that (I) (we) last and that death accurred at 11 ZAM, fram causes and an the date stated above. 1960 saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS PHYS director, page should be filed 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) 10011 GE LOCATION (City or Town) 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL CREMATION. REMOVAL (Specify) OLIVET EMETER DHING TON 250. RECD BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



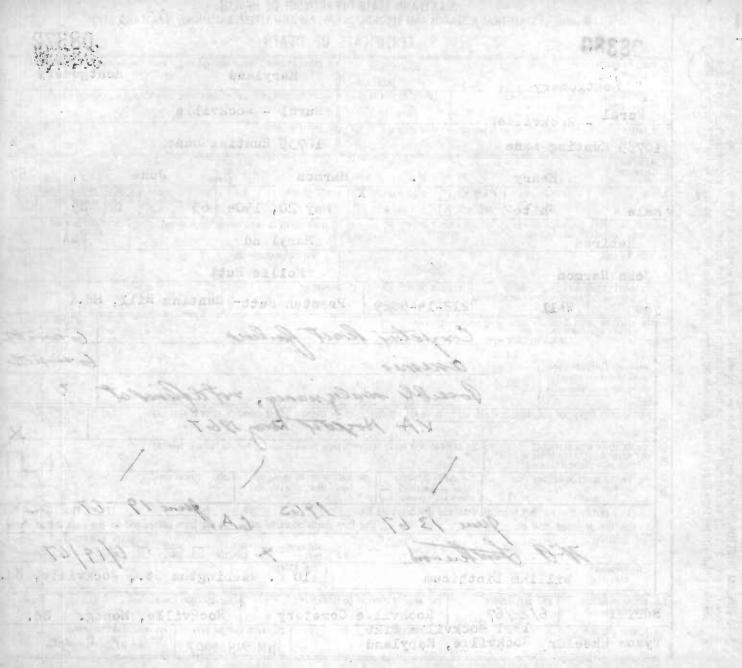
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08371 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b COUNTY MARYLAND oNtGomer b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) The law requires that the deoth certificate be executed within 24 hours S/Ver SPr. N9

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RoseCroft NO X YFS carbon NAME OF Middle 4. DATE Year DECEASED 19 6 DEATH (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE AT HOME altimore Mary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI or removo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 11623 Address the Place (Yes, no, or unknown), (If yes give wor or dotes of service) UNKNOWN cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o hos Health p 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury*in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work ot work FUNERAL DIRECTOR: After he deceased fram 12-14, 1965 to 6-22, 1967, that (1) (we) las 1967, and that death occurred at 15 M, from causes and on the date stated above 21. I certify that (1) (this haspital) attended the deceased from 12-14 6-2 saw the deceased alive on 220. SIGNATURE 22b., DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d ADDRESS 22. PHYSICIAN'S NAME (Type) OHN DURTONSVILLE 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BALTIMORE MARYLAND 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08382 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery a. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Bethesda vears Bethesda papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4504 Maple Avenue within 4504 Maple Avenue YES NO S 3. NAME OF remave carbon Middle 4. DATE Month Last Day Year completely DECEASED FLORENCE E. June 1. 19 67 HARRIS (Type or print) DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR 7. MARRIED 9. AGE (In years 81 birthday) July 26,1885 White Female WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of wark done during mast of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign cauntry) 12. CITIZEN OF WHAT physician ten please INDUSTRY COUNTRY? New York S. Homemaker 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME remayal, Caroline Bronski Charles Townsend Harris 2069 N.H.Ave. N.W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates af service Cousin 16 SDCIAL SECURITY ND 17. INFORMANT 10 Washington, D. C. Mrs. Earl P. Clark No crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Morani IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TD stating the underlying cause priar ta last. SD has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Health Juidres NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, 2Dc. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at work 21. I certify that (1) (this hospital) ottended the deceased fram. Maril March 2719 67, and that death accurred at 9 5 M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED 6-1-67 M.D. DIRECTOR 4429 Bradley Lane 22c. PHYSICIAN'S O FUNERAL ROBERT N. COALE NAME (Type) Bethesda, Maryland director, 1 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Crematory Cedar Hill Crematory 6-2-67 Suitland, Maryland 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland Charles

The law requires that the death certificate be executed within 24 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

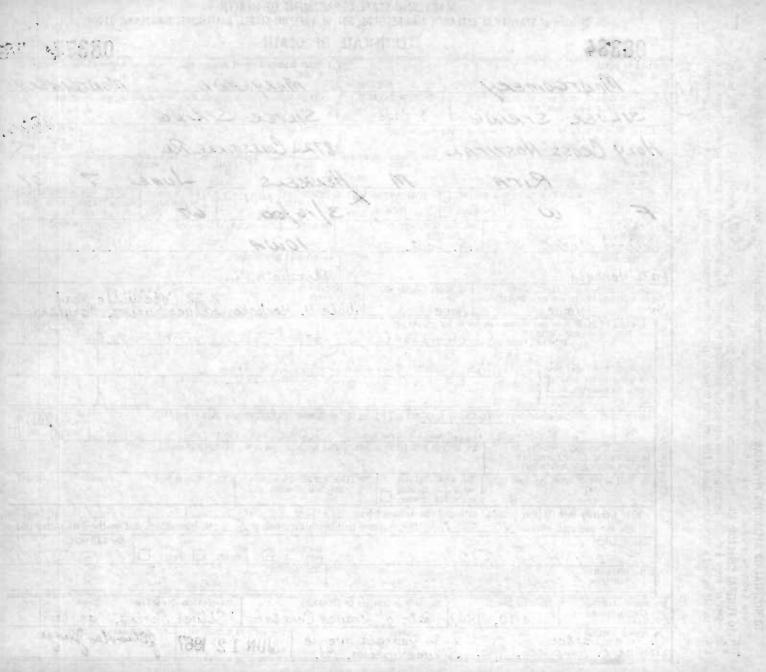
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-			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	# 24 H		08381 CERTIFICATE OF DEATH 08373
	death. and 2 death,	1.	PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE and the b. COUNTY
	the f		b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town
	1	(write RURAL and glue personal 8 Months SUIFE SPRING MA
	hours 2 hour	7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS D. A. FARM?
	y fille pap hin 7		14710 New Hampshire Ave. 14710 NEW HAMP. AVE. YES NO
	executed within 24 and completely fille remove carbon pape any event, within 7	3.	NAME OF DECEASED First Middle Last 4. DATE Month Day Year
	compound of the compound of th	5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HR)
	and and any	1	FEMALE WHITE WIDOWED DIVORCED 7/20/1897 (ast hirthday) Months Days Hours Min.
		10a dur	. USUAL OCCUPATION (Cive kind of work done in 10b. KIND OF BUSINESS OR in 1 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	hysicial please ll, and	13.	FATHER'S NAME 14. MOTHER'S MANDEN NAME
	ertifica ding ph Then removal		JOSEPH WINDSOR ODIE HALL
	h certifi tending nit. Ther or remov	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address, no, or unknown) ((If yes give war or dates of service)
	death e att permi	N	DAUGHTER (D.COLLINS) SHITE
	The law requires that the death certificate be or attending physician. sate has been signed by the attending physicial ruse as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DISTAND DEATH DIS
	that ysiciar gned ial-tra ial, cr	Н	HH43X DUE TO ACCOUNT AND ALL A
	equires that ing physicia nen signed he burial-tra to burial, cı		Conditions, If any, which gave rise to immediate (b) HRTERIOSCEROTIC HYPERTENSIVE HEART DIS YES.
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	PHYSICIAN the hospit this certi detached f e Dept. of		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) (State)
	NG PH by th fter tl be de State I	MEDICAL	Hour a.m. p.m. While at work at work at work
	A Pied	-	21. I certify that (II) (this hospital) attended the deceased from partial, 1967, to 6/12, 1967, that (IV) (we) last
	OR ATTENE be retaine INECTOR: ge 3 should ed with the		saw the deceased alive on 1967, and that death occurred at 2 M, from the causes and on the date stated above
	AL OR ATTEI ay be retair L DIRECTOR page 3 shou filed with th		Donald F. Tours PD M.D. ATTENDING MED. DIRECTOR PHYS 6/12/67
	HTAL may RAL r, pa be fil		22c. PHYSICIAN'S NAME (Type) DOLLED P LEASUE 22d. ADDRESS NAME (Type) DOLLED P COLUMN H
	TO HOSPITAL Page 4 may TO FUNERAL D director, pag should be file	23a	DONARD K. LEWIS TOO CLOVERLY ST. SILTERST KINGIT
	Pa of in She	-	urial 6-15-67 Potomac Meth. Ch. Cem. Potomac, Maryland
	A.J.	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. CERTIFICATE OF DEATH 08384 executed within 24 hours after death after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission completely filled in by the funeral nove corbon papers. Pages 1 and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits/ write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) ve corbon papers. Pagevent, within 72 hours e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? COLESUILLE NO K 3. NAME OF 4. DATE Year remove corbon Lost Day OF DEATH DECEASED 1967 (Type ar print) IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years NEVER MARRIED 6. COLOR OR RACE MARRIFD last birthday) Months Days Haurs ond in any WIDOWED DIVORCED physician and KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. COUNTRY? during most of working life, even if retired) INDUSTRY Retired clerk The low requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Paul Henkels lizabeth Pins 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. ocesville (Yes, na, ar unknawn) (If yes give war ar dates af service) None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by be retained by the hospital or attending physician. DUE TO buriol, Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause use os the la O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept. of Health YES 4 NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While 19 ot work pe 21. I certify that (1) (this haspital) attended the deceased from MARCH 10, 1967, to JUNE 7, 1967, that (1) (we) last should 1967, and that death accurred at 910 AM, from causes and an the date stated above saw the deceased alive an JUNE 22b. DATE SIGNED 22a, SIGNATURE M.D. director, poge 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS SPRING ST, 22c. PHYSICIAN'S NAME (Type) MD SILVER SPRING 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Gate of Heaven Cemetery Silver Spring. 2Sa. REC'D BY REGISTRAR Georgia Avenue VR A15 (4) 20 M 1/66 umphrey.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08387 08380 CERTIFICATE OF DEATH death. the attending physician and completely filled in by the funeral sit permit. Then please remave corban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland o. COUNTY b. COUNTY Montgomery Montgomerv The low requires that the death certificate be executed within 24 haurs after haurs ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Bethesda (Rura) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) Bethesda Rural. 1 Dav ban popers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS 5813 Green Tree Rd. Naval Hospital YES NO L 4. DATE NAME OF Middle Last Day Year DECEASED Edgar Flanoy 67 Hicks Jr. June 11 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs Nov. 7 1907 ond in any WIDOWED DIVORCED Male Cauc 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) industry h./Eng. Jackson, Tennessee Engineering USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval Edgar Flanov Hicks Sr WillieJackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 5813 Green Tree Rd. (Yes, na, ar unknown) (If yes give war ar dates of service) b W.W. IT. Jean R. Hicks Bethesda, maryland Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Myocardial Infraction, Acute IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO ficote hos been s for use os the b f Health prior to b stating the underlying couse Page 4 may be retained by the hospital or attending lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES XX O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Caunty) Hour a.m foctory, street, affice bldg., etc.) Not While of work at wark 21. I certify that (1) (this haspital) attended the deceased fram 10 June, 1967, to 11 June, 1967, that (1) (we) lost saw the deceased alive an 11 June 1967, and that death accurred of 0266 M, from couses and on the date stated above. pluods saw the deceased alive an 11 June 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** 12 June 1967 M.D. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS MAME (Jype) Jack E. M. D. Zimmerman Naval Hospital, Bethesda 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Caunty) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) Baltimore National Cemetery, Baltimore, Maryland 6/15 **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Jos. Gawler & Sons ocharles VR A15 (4) 20 M 1/66 Wisconsin Ave., N.W., Washington, D.C.

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V		18. CAUSE OF DE	ATH (Enter only one cou						INTERVAL BETWEEN ONSEL AND DEATH Sudden
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Ru	pture of hea	rt			Sudden
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15	230	BURIAL, CREMATIO	N, 23b. DATE TH $7/3$	REOF 167	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City	or Town) ((Caunty) (State)
2	24	FUNERAL DIRECTOR	1/22	2 30	FREDER	11/4		b. REGISTRAR'S SI	GNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08383 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1. PLACE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and nation, ar removal, and in say event, within 72 hours after deal o. COUNTY o. STATE Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Damascus Damascus
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 00 26134 Ridge Rd. 26134 Ridge Rd. YES NO IX 3. NAME OF First Middle 4. DATE Manth Year DECEASED (Type or print) 19 67 Hilton June Grover DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** let-birthday) Manths Davs Hours Jan. 12, 1886 Male White WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Damascus, Md. Own farm Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Elizabeth Brown John Brice Hilton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) 217-30-2293 Ernest G. Hilton, Damascus, Md. No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Multiple Cerebral Thrombi IMMEDIATE CAUSE (a) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Canditions, if any, which gave Advanced Arteriosclerotic Cardio-Vascular 10 years rise to immediate cause (a). Disease. DUE TO stating the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use af Health NO -20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While 19 at wark 21. I certify that (I) (this haspital) attended the deceased fram 1957, to June 5, 1967, that (I) (**) last saw the deceased alive an June 5, 191967 and that death accurred at 6 P M, fram causes and an the date stated above. saw the deceased alive an June 5. 22b. DATE SIGNED 220. SIGNATURE ATTENDING E ☐ June 6, 1967 DIRECTOR L PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 9701 Church Street NAME (Type) M. McKendree Boyer. directar, shauld b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify)
Burlal June 8, 1967 Damascus Meth. Damascus, Md. 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Olin L. Molesworth. Damascus, Md. Ochanlas Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before o. COUNTY o. STATE Maryland Montgomery b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) days Olney papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Montgomery General Hospital hin c/o Gordon Ulmstead - Son YES NO X OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle First 4 DATE Month Day Year DECEASED Bertha Holt OF DEATH Alice (Type or print) 19 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdov) Months Female White 12/29/86 WIDOWED DIVORCED puo n an ren 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion on pleose during most of working life, even if retired)
Housewife **INDUSTRY** andi Washington, D. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Joseph King Nancy Parsley offending permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 215-118-6930 Hospital Records, Olney, Maryland burial, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. DUF TO syclonephretis Conditions, if ony, which gove rise to immediate cause (a). DUF TO stoting the underlying couse this certificate has been be detached for use os the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO CK YES T 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o m. Not While foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After ot work 21. 1 certify that (1) (this haspital) attended the deceased from 6-2-63 19____, that (i) (we) last director, page 3 should should be filed with the saw the deceased alive an , and that death accurred at M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 6-10-67 ZERU M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS FREDERICK MOOMAU NAME (Type) Sandy Spring, Maryland 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 6-12-67 St. Mary's Cemetery Rockville, Maryland 24. FUNERAL DIRECTOR Sb. REGISTRARIE SIG VR A15 (4) 25M 1/67 Robert A. Pumphrey. Bethesda. Maryland

No-UI-o D Track voma during the control of Moret A. Bu drury, Hutbesdry dears Landing a 1887 Milarda Att

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08392 08385 CERTIFICATE OF DEATH death within 24 haurs after death unera and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carporote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) hours 2 DAYS GAITHERSBURG OLNEY filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE d. STREET ADDRESS hin 721 ON A FARM? Box 192, ROUTE 2 MONTGOMERY GENERAL HOSPITAL 3. NAME OF Middle ÷. First 4 DATE Manth remaye tarban lost Day Year completely DECEASED 21 6 19 67 GEORGE WASHINGTON HOWES event, (Type or print) DEATH the death certificate be executed S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED XX NEVER MARRIED last birthday) WHITE MALE 2-28-91 WIDOWED DIVORCED and in any and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) during mast of warking life, even if retired) INDUSTRY. COUNTRY? physician USA RETIRED FARMING MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, attending phy: JAMES R. HOWES ELIZA GREEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknawn) (If yes give war ar dates of service) permit. or 32 3586 MEDICAL RECORD DEPT. NO crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH The law requires that þ Page 4 may be retained by the hospital ar attending physician. signed buriol. Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the peen last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO has THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) hemid YES Z NO PHYSICIAN: certificate far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (Stote) Haur a.m. factory, street, office bldg., etc.) Nat While ATTENDING ot work at work 19___, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1950 1962, and that death occurred of 2:10PM, from causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING weells M.D. director, page 3 shauld be filed v PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S JACK SCHUMACHER, M. D. GAITHERSBURG, MD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) June 23 1967 Laytonsville Laytonsville Md. Mont. 0 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE H. Barber Laytonsville 25M 1/67 DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuestal director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye user pages. Pages 4. and 3 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any yeart, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08393 CERTIFICATE OF DEATH

08388

			MONTGOMERY		MARYLA	AND	2. USUAL RESIDENCE (NO. STATE MAR	before o	dmission)			
	ŀ	b. CITY OR TOWN (I	If outside corporate limi	ts, URAL	c. LENGTH OF STAY IN 67	16	c. CITY OR TOWN (If our PORT DE	neorest to	own)			
26			AL OR INSTITUTION (IF F	at in haspital, (give street oddress)		d. STREET ADDRESS RT#1, BO		e. IS RESIDENCE ON A FARM? YES NO			
		NAME OF DECEASED (Type or print)		irst IVER	(NMN)		HUDSON	4. DATE OF DEATH	OF TIME		Doy 2	Year 19 67
	H	SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED			B. DATE OF BIRTH JUNE 10 191	IF UNDER 1 Months		UNDER 24 HRS. lours Min.		
	1Do dur	ing most of working	(Give kind of work done life even if retired) NAVY		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WILLIAM COUNTRY? COUNTRY?					HAT
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
	15. (Ye	WAS DECEASED EVE es, no, or unknown) YES	R IN U.S. ARMEO FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.		NFORMANT NNA MEAUX	ASH KY	STREET			
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) HODGKIN'S DISEASE											
		Conditions, if ony, rise to immediate stoting the under lost.	which gove e couse (o),	(b)								
2	ATION		GNIFICANT CONDITIONS		O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(o)		19. WA PEI YES	S AUTOPSY RFORMED?
	L CERTIFICATION	2Do. ACCIDENT WAS OR CONTRIBUTING (1F EITHER, NOTIFY I	CAUSE OF DEATH	2Db. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in I	Port I or Port	II of item 18.)			
	MEDICAL	2Dc. TIME OF INJU Hour o.m p.m	10	2Dd. IN While of work	Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Coun	ty)	(Stote)
			ceased alive an_	JUNE 2			MARCH 27 , 1 death accurred at.				7, that date s	(1) (we) last
		220. SIGNATURE	167	MMERMAN	ermen	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	JUNI	E SIGNED	.967
1		22c. PHYSICIAN'S NAME (Type)	<u> </u>				US NAVAL	HOSPI	TAL, BET	HESDA	, MD.	
	230	REMOVAR SACRY	23b DATE TH	87	23c. NAME OF CEMETE HILLDALE				ATION (City or Town	vn) (0	ounty)	(Stote) KY.
		R. A. PUM	PPHREY FUN	ERAL HO			ISCONSEN RACE		967 25b. REC	SISTRAR'S SIG	NATURE	ye.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08387

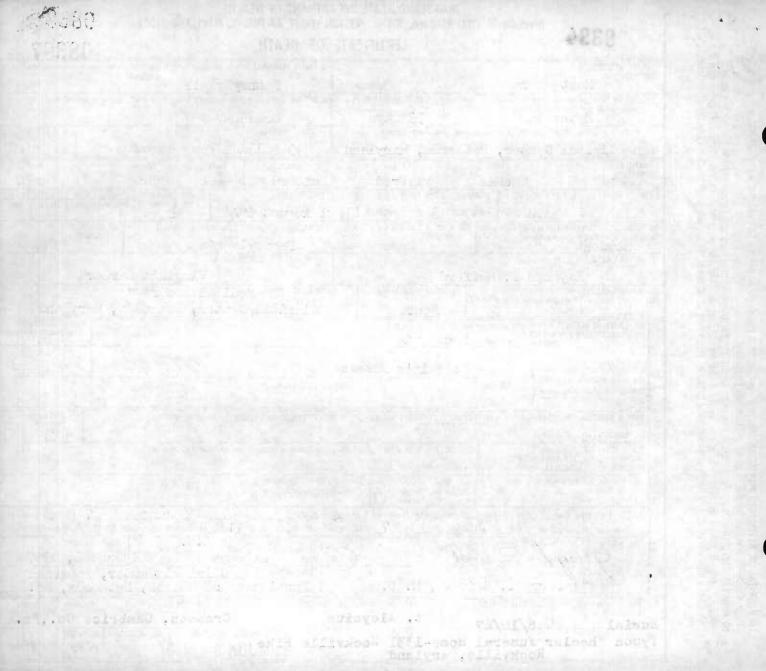
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	o. COUNT	Montgomery		MARY	TAND	o. STATE Penns	ylvani	b. COUNT	Υ ,		
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	write	RURAL ond give neorest town) Bethesda		33 days			3	.75	- 2		
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7		linical Center			and	893 Willi		nn Highwa	чу	YES	NO X
	3. NAME O DECEASE	1	irst	Middle		Lost	4. DATE OF	Month		Doy	Year
	(Type or		nas	Alfred		Hufford	DEATH	June		6	19 67
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	K 8	B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months D	AR IF U	NDER 24 HRS. urs Min.
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	10o. USUAL O	CCUPATION (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County 8	Stote, or fore	ign country)		N OF WHA	AT .
	during most o	of working life, even if retired) udent	II.	None None		Pennsy	lvania		COUN	IRY?	ISA
	13. FATHER			110110	100	14. MOTHER'S MAIDEN N			1		
		Raymond P.	Huffor	Б			V-	irginia E	larher	t.	
1	1S. WAS DE	CEASED EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT The Me					
4	(Yes, no, or u	nknown) (If yes give wor or dotes	of service)							nzzloz	.7
-	No		P 4	None	1 111	e Clinical (enter	, Dethest	la, Ma.		
2	18. CA	USE OF DEATH (Enter only one co RT I. DEATH WAS CAUSED BY:								ONSET A	BETWEEN ND DEATH Days
	-	IMMEDIATE CAUSE	(0)	eumonia							Jays
		10	10	I what we that The a					-	9 Years	
		mmediote couse (o),	1-1	lgkin's Dis	ease					7 -	Lears
	stoting	the underlying couse DUI	10								
	lost.		(c)								
1	PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(o)		19. WAS	AUTOPSY ORMED?
	200. ACC	ancytopenia								YES X	
	20o. ACC	IDENT WAS UNDERLYING 🗆	20b. DE	SCRIBE HOW INJURY OF	CURRED.	Enter noture of injury in I	Port I or Port	II of item 18.)	7-11	- 1	
		RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)									
	7	ME OF INJURY Month, Doy, Yeor	20d. I	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	, 20f.	(City or town)	(Count	y)	(Stote)
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	21	I certify that (this has			from 1.	Marz 1	967 ta	6 June	1067	that D	(we) last
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	22c Pl	HYSICIAN'S	purous		MIL	22d. ADDRESS Th					
	N		Spival	k , M. D.		Institut	es of	Health,	Bethes	da, l	Md.
		, CREMATION, 23b. DATE TH	IEREOF	23c. NAME OF CEME			23d. LOC	ATION (City or Town	n) (Co	ounty)	(Stote)
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		heeler Fune	ral Ho	me-1331 Re	ockv	ille Rike	BY REGISTRA	1 - //	ISTRAR'S SIGN		dal.
		Rocky	ille, M	aryland		DATE J	JN 8	1967 /	- The	20	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the f directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

director, page 3 shauld be detached for use as the burial-transit permit. Then please remay shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any

event within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08388 CERTIFICATE OF DEATH 28333 requires that the death certificate be executed within 24 hours after death by filled in by the funeral conditions I ame within 72 haurs after dead 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Charles Montgomery MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Indian Head rura davs IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Naval Hospital 1007 Kenneth Street YES NO 3 NAME OF 4. DATE Month Year signed by the attending physician and completely burial-transit permit. Then please remay corporate DECEASED HULME (Type or print) Jon Hudson DEATH June 19 67 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Male Cauc. last hirthdoy) Months Hours WIDOWED and in any DIVORCED July 1, 1920 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Major COUNTRY? Atlanta, Georgia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, John Henry Hulme Jimmie Liela Upchurch IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTS.W., Atlanta AddresGeorgia (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes 1941-1965 -03-4660Mrs. Lanett D. Hulme, 335 Wellington St cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH Esophageal varices Laennec's Cirrhosis IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been stoting the underlying couse shauld be detached far use as the vith the State Dept. af Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES PCT NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Not While ot work ot work . 1967 to June 13 1967 that At (we) last 21. I certify that (1) (this hospital) attended the deceosed from June 7 19.67, and that deoth occurred of 625AM, from causes and on the date stated above saw the deceased glive an June 13 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 14 June 1967 director, page 3 should be filed v M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS W. J. FOUTY, CDR MC USN Naval Hospital, Bethesda, Md. NAME (Typis) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Marietta National Cemetery Marietta, Georgia Atlanta, 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Arehart Funeral Home ADDRESS 2Sb. REGISTRAR'S SIGNATURE Melanles 6Patterson F.H. Ga. DATE JUN 16

1967

VR A15 (4) 20 M 1/66

LaPlata, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08396

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08389

LOK 21416		00030	MEDICAL EXAMINERS	CERTIFICATE OF PEATIT	00000
HEALTH DEPT!		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived	, if institution: Residence before odmission)
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lay is d 3 to Page ent of		. CITY OR TOWN (If autside carporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	
th. If any delay ges 1, 2, and 3 form PM3. Pa		write RURAL and give nearest town)	18m-	Bethesola.	15-1
am)		I. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS	é IS RESIDENCE
farm farm	1	4903. Edge mo	ore. Lene -	4903 Edgeme	ore-La. YES NO
00		NAME OF First	Middle	lost 4. DATE	Month Doy Year
		Type or print) James -	EDRI- 1	+Unahaer DEATH	June 2 1967
4	S.			B. DATE OF BIRTH 9. AGE (irthdoy) Months Doys Hours Min.
ours of the last o		Mi W- V		30n 16,1900	Tyrs.
hours Item 1 Office I and 2	10o duri	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY. S.A
		ng most of working life, even if retired)	Transportation.	Washington	7.12C . 74.3.A
within 24 h pencil in Ite Examiner's Of File pages 1a	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Exan Exan File 2 hou	15	Walter Humn		Lula -	Address
rted l' in cal E	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dotes of ser	vice)	Wite -	Address
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ER: Thi certificat ould be es. hould be n, or ren	THE	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of i	rem 1B.)
NER: T certific hould b iles. should on, or r		CAUSE OF DEATH.			
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se exector. Por formal		deoth resulted from: Natural co	auses 🔀, Accident 🔝, Suic		mined manner
MEDIC.		ACTUAL	1. 12.11	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
			s. Ball	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	6/2/67 22. DATE SIGNED
DEPUTY ressary, pe funeral may be r FUNERAL solith prior		EXAMINER'S NAME (Type)	G. Boll	Address (Street, city, town, or coun	ty)
		BURIAL, CREMATION, 23b., DATE THEREO			
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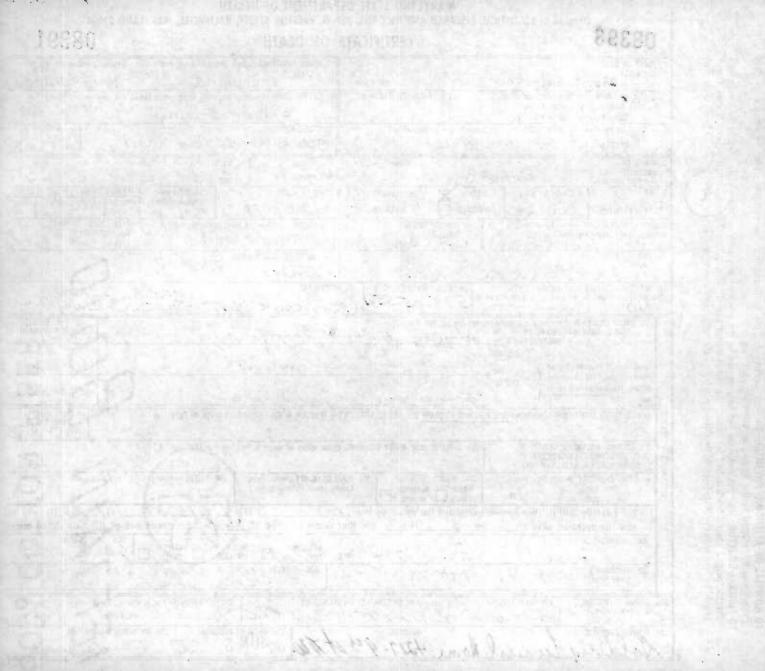
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY MONTGOMERY MARYLAND delay is MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) pup write RURAL and give negrest town) 2, and P.M3. GAITHERSBURG GAITHERSBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm 7332 MUNCASTER MILL ROAD NO X in Item 18. Give Pages BOXXX D.O.A. Momtgomery Co. Gen. YES This certificate shauld be executed within 24 haurs after death. With NAME OF 4. DATE Month Lost Dov Year DECEASED M. Husemen **XHUSEMMAXXXX** JUNE 19 1967 HEL ENA Type or print DEATH alang IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours MAY 4. 1891 WHITE WIDOWED XX DIVORCED Office (FEMALE and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) INDUSTRY 72 hours after West Virginia HOUSEKEEPER Domestic Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil File John O. Humphrevs Millie Ann Stone IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no; or unknown) (If yes give wor or dotes of service) within MEDICAL RECORDS - MONTGOMERY GEN. HOSPITAL INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH event IMMEDIATE CAUSE (o) writing the ward DUE TO any Conditions, if ony, which gove 0 rise to immediate couse (a), = DUE TO stating the underlying couse farwarded and OS 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayal, ERFORMED? NO the certificate, pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING D AL EXAMINER: CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at wark at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection V Inquiry and in my apinian DIRECTOR: Natural causes death resulted frame Accident Ham(cide Suicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL I funeral **EXAMINER'S** Health | NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 0 REMOVAL (Specify)
Burial June 22nd,67 St. Barnabas Cemetery Maryland Oxon Hill 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) villarles Simmons Bros. 1661- Good Hope RD. SE. Wash., DO DAUUN 2

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08391 CERTIFICATE OF DEATH death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) completely filled in by the funeral fove carbon papers. Pages 1 and iv event, within 72 hours after dea' a. COUNTY b. COUNTY Montgomery MARYLAND somer requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside carparete limits. A. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If hat in hospital, give street address) ON A FARM? d. STREET ADDRESS HolV Cross Hospita 1900 Lyttonsville Koac NO DE YES NAME OF Middle First Lost 4. DATE Month Year DECEASED Dorothe OF 2 4man 60 (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours temale. white WIDOWED DIVORCED and reny 10a, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10h. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? and Govit. Personnel Clerk united 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 22 Address ELLISS SILVERS SPEING, permit. (Yes, no, or unknown) (If yes give war ar dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave morila rise to immediate cause (a) DUF TO be retained by the hospital or ottending stoting the underlying couse os the prior to l last. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p CERTIFICATION NO certificote 5 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this hospital) attended the deceased from F. 1967, to June 2 , 19.62, that (1) (we) last director, page 3 should should be filed with the 1967, and that death accurred at 5:05 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S SPRING 10 NAME (Type) SILVER SPRING BURIAL CREMATION, 23b. DATE THEREOF 23c. /NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) FUNDRAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

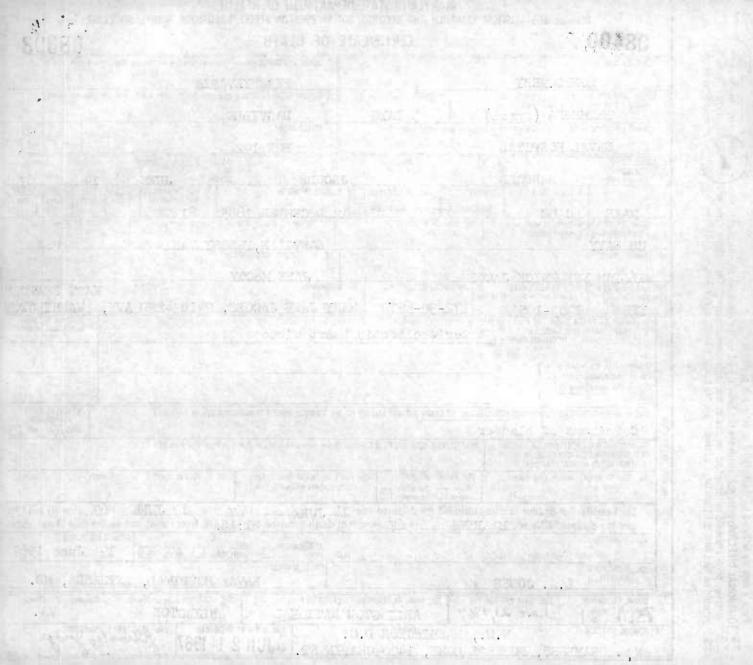
MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 Item #8 Film #0390 CERTIFICATE OF DEATH 08393 be executed within 24 haurs after death in by the funeral ers. Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town remave carban papers. Pagin any event, within 72 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspiral, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled ROSS YES NO V NAME OF First Last Manth Day Year campletely DECEASED OF DEATH 0 (Type or print) 100 IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX GOLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last bighday) Manths Days Haurs DIVORCED WIDOWED DOUNT U. BIRTHPLACE (Caunty & Stote, ar foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR/ 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY requires that the death certificate Olul 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remayal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates af service 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 2 400/1511 IMMEDIATE CAUSE (a) DUE TO burial Canditions, if any, which gave rise ta immediate cause (a). DUE TO ficate has been s far use as the b f Health priar ta b stating the underlying couse be retained by the hospital or attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR. After this certificate ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 1B.) directar, page 3 shauld be detached t shauld be filed with the State Dept. af OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram_ , 1966, ta . 1967, that (1) (we) last 1967, and that death accurred at 1:201 M, fram causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SLONED M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) MT. OLIVET CEMETERY WASHINGTON. D.C. 6-16-67 250. REC'D BY REGISTRAP ADDRESS TASH. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 JOHN T. RHINES FUNERAL HOME 3015 12 ST. N. E. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

AND SECTION AND SECTION AT STATE OF BUILDING SERVICES TO STATE OF STATE

VR A15 (4) 20M 1/65

CERTIFICATE, OF, DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery Md. Montgomery MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOX Year Oav 1967 AGE (In years | IF UNGER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Oavs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Washington. INTERVAL BETWEEN ONSET AND DEATH WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (County) (State) that (I) (we) last and that death occurred at PM. from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) (State) 6-3-67 Washington Cem Hvattsville REGISTRAR'S SIG REC'D BY REGISTRAR I 25b. FUNERAL DIRECTOR Funeral Home Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08396 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If aut de corparate limits write RURAL and opplearest tawn) washing e. IS RESIDENCE ON A FARM OF OSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 2929 NUTSING 3. NAME OF DATE Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years 6 COLOR OR RACE MARRIED thdoy) Months Hours WIDOWED DIVORCED 0 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY COUNTRY? during most of working life, even if retired UL.S.A! Housew 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service JOHNSON JR. Wash NC INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO old heal of auterin wall infarction stoting the underlying couse os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor DIRECTOR: After this foctory, street, office bldg., etc.) Not While of work -21. I certify that (I) (this hospital) attended the deceased from 1945 1967, that (1) (we) last saw the deceased alive on May 31 1967, and that death accurred at 11:00 M, fram causes and on the date stated above. 22o. SIGNATURE M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL M.D. 1835 Eye Rt. NAME (Type) director, should be 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) FUN. HOME, ADDRESS 1300-131, NW 250. REC'D BY REGISTRAN VR A15 (4) 25M 1/67 PEQ, Thomas Mr. Hysony WASH-DIC DAWUN 5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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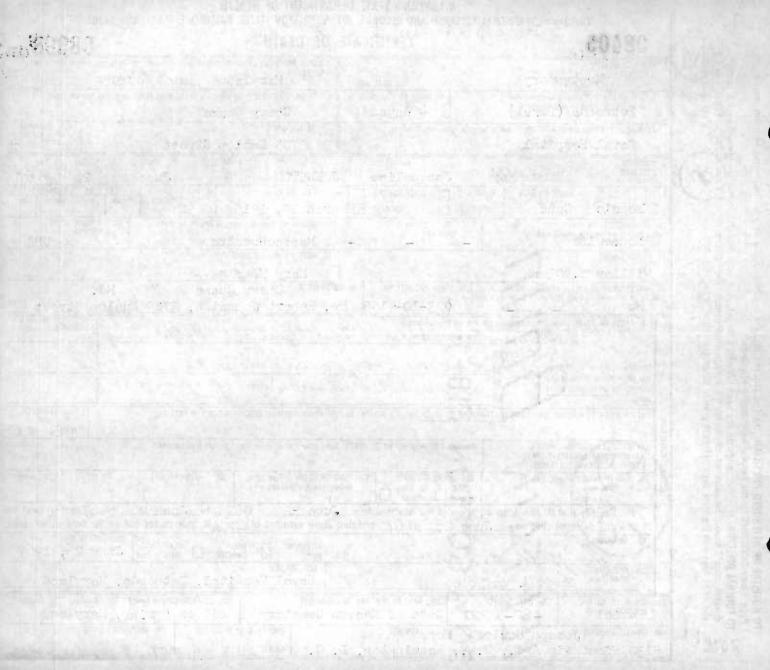
CERTIFICATE OF DEATH

08397

THO :			-			CEKIII	TICATE	OF DEATH			4		/
physician. signed by the attending physician and campletely filled in by the funeral. burial-transit permit. Then please remaye carban papers. Pages 1 acts burial, crematian, ar remayal, and in any event, within 72 haurs after death.			LACE OF DEATH	ONTGOMERY		MAF	RYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where dece	eosed lived, if institu b. COU	ALTY	before admissi	. /
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that that the lan. by the transit cremat	티		PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a)		ULI	MONARY (049	ESTION;	LERM.	ONSET AND	DEATH
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physici physici signed burial-t burial-t	TED		Canditions, if ony, rise to immediat	e rouse (a)		ULHONA	24	METAST	ASIS	>		LP.	
An: The Taw red all ar attending p icate has been sifar use as the b Health priar to b.	COMPLET		stating the under	lying cause		CONOMI		THYROD		LLICOL	AR	Yes.	
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	TENG	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. D	ESCRIBE HOW INJURY (OCCURRED.	(Enter nature of injury in	Port I or P	Port II af item 1B.)			
the haspi r this cert detached te Dept. a	FOLLOWING	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year n. 19	20d. I While at wor			CE OF INJURY (Home, fari ary, street, office bldg., etc.		(City ar tawn)	(Count	γ)	(State)
by the Affer the be de State	5		21. I certif	y that (1) (this has		ded the deceased	fram_	3 Mar.	1967	to 6/2	10,196	, that III	(we) las
ATTEN stained Shauld ith the			sow the de	ceased alive on_	6/19	1967,	and tha	t death occurred at	620	M, fram causes	and an the	date state	d abave
be retained DIRECTOR: /	COPY		220 SIGNATURE	1					-		22b. DATE		
DIRE L	0	1	40,4	1/21	ナック・		M,I		MED. DIRECTOR	PHYS.			
Page 4 may be TO FUNERAL DIR director, page 3 should be filed	CORRECTED		22c. PHYSICIAN'S NAME (Type)	Donald R.	Iewis,	M.D.		700 Clox	verly	St., Sil	ver Spr	ring, M	ld.
UNE 4	E	23a	BURIAL, CREMATIC	ON, 23b. DATE TH	HEREOF	23c. NAME OF CEA	METERY OR	CREMATORY	23d.	LOCATION (City or To	own) (C	aunty) ((State)
Sharing Sharing	N.F.		REMOVALISPECTLY BURIAL	6/2	3/67	SANDY-SPI	RING	CEMETERY	SI	ANDY SPR	ING. MO		MD.
	5		FUNERAL DIRECTO	R		ADDRESS			D BY REGIS	STRAR 2Sb. R	EGISTRAR'S SIG	NATURE	
VR A15 (4) 25M 1/67	X		Robert 1	. Snowden	, Rock	ville, Ma	aryla	na DATEL	7 7	1967 80		hil	

Film \$ 392- 9/18/67. M.S. This is a corrected certificate of replaces original. · Cause of death completely changes. art . March of Paragraph (March Tree, The Dreet) Principle State S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08405 requires that the death certificate be executed within 24 hours after death pup funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY Montgomery Maryland filled in by the fur MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corparote limits, write RURAL and give neorest town) write PURAL and give neorest town) 4 days Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 Naval Hospital 3705 Dunlop Street NO TX NAME OF Middle 4. DATE Month Year First the attending physician and campletely sit permit. Then please remave carbon DECEASED Mary Jacqueline JOHNSTON 26 67 June 19 (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S SFX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Cauc Female March 10. 1915 In any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Housewife INDUSTRY andi Massachusetts USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, William S. Clark Mary Mohr Hoar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Chevy Chase Address Md. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Robert Johnston. 3705 Dunlop Street 023-10-9155 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: TRACHEOBROWCHITIS IMMEDIATE CAUSE (0) SUPPURATIVIE DUE TO Conditions, if ony, which gove EPIDER MOID rise to immediate couse (o). DUF TO stoting the underlying couse far use as the l Health prior tak Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While 19 ot work at work 21. I certify that (4) (this haspital) attended the deceased from June 22, 1967, to June 26, 19 67 that (4) (we) last saw the deceosed alive on June 26 19 67, and that death accurred at 730AM, from causes and on the date stated above 22b. DATE SIGNED 220. SIGNATURE June 26, 1967 DIRECTOR PHYS. M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Naval Hospital, Bethesda, Maryland Hugh O. de Fries 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION REMOYAL (Specify) 6-29-1967 Gate of Heaven Cemetery Silver Spring, Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Joseph Gawler & Sons ADDRESS VR A15 (4) 20 M 1/66 5130 Wisconsin Ave., N.W., Washington, D. C. DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYCANDS O CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after DMYK MARYLAND Duryds b. CITY OR NOWN (if outside corporate limits, write RURAL and give nearest town) OWN (if outside corporate limits, write RURAL and give nearest town) c. LENGAH OF STAY IN 1b c. CITY OR hours SPAIRC d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE 24 ON A FARM? Hole = 6000 NO DA YES letely rbon p executed within with NAME OF 3. First Middle Day Year Last Month DECEASED OF DNO OK (Type or print) Cal DEATH Uno e 196 Ve C 5. SEX 6. COLOR OR RAGE OATE OF BIRTH 8. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED [NEVER MARRIEO bicthday) | Months | Days Hours WIDOWED OIVORCED [D 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician n please val, and in 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? .5 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. 10 Cu the attending phy it permit. Then p nation, or removal, FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the att the burial-transit permior to burial, cremation, c 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. After this certificate has do be detached for use as State Dept. of Health prio PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT YES NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work P FUNERAL DIRECTOR: A director, page 3 should he filed with the the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURI 22b. (0 1//11/11/11 M.D. PHYS. **OIRECTOR** PHYS. 6 22c. PHYSICIAN'S ADDRESS SILES 22d. director, p NAME (Type) 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9 6-29-67 Cem 25a. RI REC'D BY REGISTRAR FUNERAL DIRECTOR Home 300 4th St. NE Wash D

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65 Mary 10 June 18 67 thes June of Home 100 Ath St. WE Bash, D. C. July 2 1 1984

11	1	DIVI		RYLAND STATE DEPA CORDS, 301 W. PRESTO		•	
	K	08407 Ite	m #2a,b,c	CERTIFICATE		MARTEARD 21201	08400
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.	1.	PLACE OF DEATH O. COUNTY OF THE PLACE OF DEATH	eri	MARYLAND	2. USUAL RESIDENCE (Where	deceosed lived, if institution:	Residence before odmission)
in by the ters. Pages		b. CHY OR TOWN (1/50) side corpore wite RURAL and twe nearest to	terlients,	c. LENGTH OF STAY IN 16	c. CITY OR DOWN (If ourside	corporate limits, write RURAL of Lynchb	give neorest town)
agpers.	4	NAMEZOF HOSPITAL OR INSTITUTION	N (If not in Bospital, gir	ve street address)	d STREET ADDRESS	1 Uhllen IV	e. IS RESIDENCE ON A FARM? YES NO
completely filled in by the ave carbon papers. Page: y event, within 72 haurs of	3.	NAME OF DECEASED (Type or print)	First	Middle	1	OATE Month OF GEATH	Doy Year 8 19 6 7
Z D >	S.	hall Color OR R	WIDOWED	DIVORCEO [. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Ooys Hours Min.
and in an	10c	. USUAL OCCUPATION (Give kind of wo	rk done 10b. KIN INO	D OF BUSINESS OR USTRY	11. BIKTHPLACE (County & Stot	re, or foreign country)	12. CITIZEN OF WHAT
hen	13.	FATHER'S NAME Lukn	היטנים		14. MOTHER'S MAIDEN NAME	Enson	
permit. Ther	15. (Ye	WAS DECEASED EVER IN U.S. ARMED F s, not of onknown) (If yes give wor o	ORCES? 16. SC 16	9-14-1049 H	NFORMANT RO	Address	
		18. CAUSE OF OEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (BY:	o), (b), and (c),)	nfantron		INTERVAL BETWEEN ONSET AND DEATH
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priar ta bu		stoting the underlying couse last.	DUE TO (c)	erebral.	artussa	lussis	may
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9 9	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	TH .	RIBE HOW INJURY OCCURRED		or Port II of item 18.)	
State Dept.	MEDICA	20c. TIME OF INJURY Menth, Ooy, Hour o.m. p.m.	Yeor 20d. INJ While of work	URY OCCURREO 20e. PLAC Not While foctor of work	E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ould be the Stat		21. I certify that (I) (the saw the deceased alive		the deceased fram	death accurred at 5	75 AM, fram causes and	, 19 6 that (1) (we) la an the date stated above
ed with		220. SIGNATURE	en h	mes) M.D	11110.	- STAFF	22b. DATE SIGNED
director, page 3 should shauld be filed with the		22c. PHYSICIAN'S NAME (Type) S4-6	hen W.	Tones	22d. ADDRESS Ocku	ille, Ma	161
director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b. (REMOVAL (Specify)	PATE THEREOF - 13-47	Patters or C	Field 25g, RECOBY	SIGN LOCATION (City or Town)	(County) (Stote)
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25			al Center,			et address) Md. 2001	4	d. STREET ADDRESS 5825 Colf	ax A	venue			ON A FARM	CE M?
	- [NAME OF DECEASED Type ar print)	Mildred	rst	E	Middle (<i>I</i> Lizabeth	ve	s) Lost Kearney	4. DAT OF DEA	_		Doy 22		57
		'emale	6. COLOR OR RACE White	7. MARRIED WIDOWED		DIVORCED		DATE OF BIRTH (ay 23, 190	6	9. AGE (In years lost birthday) 61 yrs.	Months			HRS. Min.
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moval, and in any event,		FATHER'S NAME Washingt	on Ives					14. MOTHER'S MAIDEN I	inia	Davis				E
burial, cremation, or removal,	IS. (Yes	WAS DECEASED EVE s, na, ar unknawn) No	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f conviced		vailable	7. INF The	ORMANT The Me Clinical	edic	al Recoff	sda.	Md.	20014	L
ematio		18. CAUSE OF DE PART I. DEAT 2043	ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE	se per line fa	r (a), (b),	and (c).) chnoid Hem						INTE	RVAL BETWEE EJ AND DEAT Cays	FN
		Conditions, if ony, rise to immediate stating the under	cause (a),	(b) Acu	te t	ubular ne	cro	osis					days	
		last.	GNIFICANT CONDITIONS C			tyelogenou			IDITION G	IVEN IN PART 1(a)			Weeks WAS AUTOPS' PERFORMED?	Y
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Dept. of Health prior to	OICAL CES	OR CONTRIBUTING OF INJU	RY Manth, Day, Year		INJURY O			OF INJURY (Hame, farm		. (City or town)	(County)	(Stat	te)
iled with the State Dept. of	WE	Haur a.m p.m 21. 1 certif	y that M) (this hos	pital) atten	rk L	e deceased from	Ma	y, street, office bldg., etc.)	9 67	toJune 22	, 19	67, th	at M) (we) la:
with the		220. SIGNATURE	ceased alive on_s	June 22	2/1	Treat		death occurred of	MED.		22b.	DATE SIGN	D	bove
should be filed with the State		22c. PHYSICIAN'S NAME (Type)		Voge	1.	MD	M.D.	PHYS. LJ 22d. ADDRESS Th Institute	e Cl:		M 22	June Nat:	1967 Lonal	
Should	23a.	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE TH	EREOF	23c.	NAME OF CEMETERY		EMATORY .	23d.	LOCATION (City or I exandria	awn)	(County) Virgi	(State	e)
director, po	24.	FUNERAL DIRECTOR		3901 Arlin	No.	ADDRESS Fairfax D Virgini	r.	2Sa. RECT	BY REGI		REGISTRAR'	SIGNATUR		<u> </u>

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4		MARYLAND	STATE DE
	DIVISION OF STATIST	TICAL RESEARCH A	ND RECORDS
	08409	CE	RTIFICATI

PARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH 08402

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1. PLACE OF DEAT	H			CE (Where deceased lived, If is		e admission)
Montgomer	zu en	MARYLAND	a. STATE	b. COUNT	Kandria	J
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16		f outside corporata limits, write		own)
	d give neerest town)	3 weeks	Alexand	ria	- 8	3.3
d. NAME OF HOSP	ITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS	CU.		RESIDENCE
			(100 11			N A FARM?
3. NAME OF	anium Hvenue First	Middle	last year	Lowstone Drive		ear Vo Dri
(Type or print)	Frances	0.	Kan De	OF DEATH O		
5. SEX	6. COLOR OR RACE 7. A	1	DATE OF BIRTH	jurie		9 67 DER 24 HRS.
, ,	1		1 1	lest birthday)	Months Deys Hours	
emale	1 101 111111111111111111111111111111111	DOWED DIVORCED	July 5, 1904	62 yrs.	110 (7175) (55)	T COLD ITEM
done during most of w	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	11	ty & State, or foreign country)	12. CITIZEN OF WHA	COUNTRY
Housewife		Dwn home	Kansas		U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Clem Swe			Murtle 0 S	trander		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes give wer or detes of service	16. SOCIAL SECURITY NO. 17.	Myrtle O. S	Address		
No.	None	None Hu	th Keedsina	8208 Jeb Stewa		
18. CAUSE OF	DEATH [Enter only one cour	se pereline for (e), (b), and (c).]	The state of the s	Rockville, Man	y land INTERVAL	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Congetine Her	I tallace		ONSET, AN	Cann
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cause lest.) (c) /	CONTRIBUTION OF THE PRINT NO.	uninina 7	A PICE ACT CONDITION CITY	EN IN PART 1(a) 1 19. WA	AUTOPSY
ZDa. ACCIDENT VOR CONTRIBUTING	EK SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV		FORMED?
<u> </u>					YES	NO 1
2Da. ACCIDENT V	VAS UNDERLYING [] 201	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Pert II of item 1B.)		
	Y MEDICAL EXAMINER)					
20c. TIME OF INJ Hour a.m.	URY Month, Dey, Yeer		CE OF INJURY (Home, farm		(County)	(Stata)
Hour a.m.	19	While Not While fact	ory, sireer, office blug., etc.	1		
	that (I) (this hosAital)	attended the deceased from.	May	1964 to Hene.	5 106 7 that (1)) (we) las
	11	1967, and that	1 1/1	#M from the causes		
saw the decea	A A		death occured at/	Fi.m., Irom the causes		22b. DATE
11.01	1 1/lon	nen	DUDGE TT 6	AED. STAFF	6/6/6	7 SIGNE
22c, PHYSICIAN	2.7.	A . M	22d. ADDRESS	/ ./ .	0/0/0	
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23a, BURIAL, CREMA REMOVAL (Specify	TION, 236. DATE THEREOF	23c. NAME OF CEMEZERY		23d. LOCATION (City, tow	0 411	(State)
Burial	June 8, 1	967 Fort Lincoln		Prince Georg		
24 FUNERAL DIRECTO	R'S SIGNATURE	inte 8434 Georgia F	Tuenue 25a. REC	'D BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE	
Warner E.	Pumphrey, Inc	Silver Spring.	Md. DATELA	9 1967 00	Carla Judge	
				1001		

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DIVISION OF STATISTICAL RESEARCH AND RECORDS,	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MAI E OF DEATH	08403
1. PLACE OF DEATH e. COUNTY MONTGOMERY b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) SILVER SPRING TWENTY LEARS	2. USUAL RESIDENCE (Where decessed lived, If institution: Re e. STATE b. COUNTY MONTGOME c. CITY OR TOWN (If outside corporate limits, write RURAL end 5: LVER SPRING	Ry give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) HOME: - 9300 PINEY BRANCH 303. NAME OF First Middle	d. STREET ADDRESS 9300 PINEY BRANCH APT 303 Last 4. DATE Month OF	e. IS RESIDENCE ON A FARM? YES NO
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13 4 0 GET TECHNICAN 13. FATHER'S NAME	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ WASHINGTON DC. 14. MOTHER'S MAIDEN NAME Katherine Jue:	EN OF WHAT COUNTRY LSA DAMENT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no., or unknown) (Ifyosgive were realless of service) 218-383-181	INFORMANT Address	AME
18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Munitos
Conditions, if eny, which geve rise to immediate couse (e), stelling the underlying couse last.	divamento Glassas.	offerox 10 Year
	ot related to the terminal disease condition given in part is the second of the second	(e) 19. WAS AUTOPSY PERFORMED? YES NO
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21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on May 22 1967., and that	at death occured M., from the causes and on the	e date stated above
22c. PHYSICIAN'S NAME (Type) GENE U. COHEN, M. D.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS 1106 SPRING ST SILVER SPRING M	
23c. NAME OF CEMETERY REMOVAL (Specify) Burial 6-15-67 St. John's	OR CREMATORY 23d. LOCATION (City, lown or county) Cemetery Forest Glen,	(Stete)
Francis J. Collins 3821 14th. St		Judge

W Street

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Barial c-lb-of St. John's Cometery Porost Clen, Isryland

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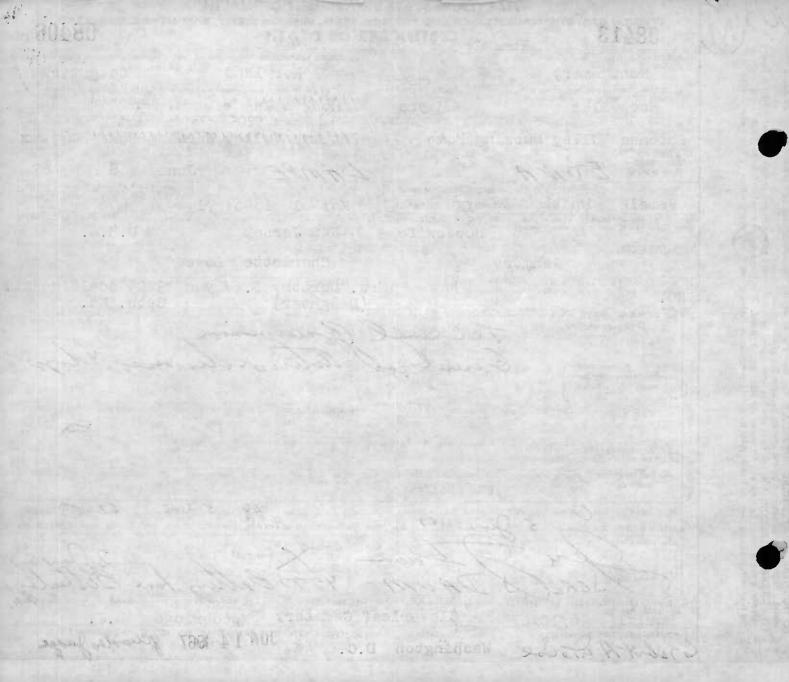
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 118495 08412 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) MONT GONERY o. COUNTY o STATE b. COUNTY MARYLAND MONTGOINERY MARYLAND filled in by the papers. Pages b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. GYEARS -KENSINGTON . KENSINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4301 DUNNELL NO DO YES 3 NAME OF 4 DATE Year Day DECEASED KRIZ LOSEPH WILLIAM · TUNE (Type or print) DEATH 19 61 6. COLOR OR RACE S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** remove last birthday) Haurs W WIDOWED DIVORCED | and in any 60 yrs. and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** BALTIMO RE ENGINEERS WIDP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy permit. Then or remaya JUSEPH MARIE MASINDA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) 4301 DUNNEL Mrs. Edan Lung burial, crematian, KENS NG TON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PROSTATE APPINO MA IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital ar attending physician. DUE TO METAS TASES Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse d far use as the af Health priar to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 1961 30, 19 67, that (1) (we) last to 19 67, and that death occurred at 1239M, fram causes and an the date stated abave. saw the deceased alive an_ 30 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) H460 10101 director, shauld be 230. BURIAL, (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 6-3-1967 Fort Lincoln Cemetery Prince Georges 24. FUNERAL DIRECTOR **ADDRESS** Gawler's Sons VR A15 (4) 25M 1/67 DATE Wisc. Ave

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY Montgomery Marvland Montgomery \$ 7 t MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest lown) Write RURAL end give neerest town)
ROCKVILLE Bethesda, Md. 20034 9205 Adlaide Court d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) a. IS RESIDENCE ON A FARM? Potomac Valley Nursing Home YES NO ZA 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH June 67 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthdey) Hours Female White WIDOWEDX DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Stete, or foreign country) done during most of working life, even if retired U.S.A. Housewife New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ashmore Charlotte Love 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. L. Flynn Addre 9205 Adelaide (Yes, no, or unkown) (Ifyasgivewarordetesofservice) Beth. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4500 DUE TO Conditions, if eny, which gava rise to immadiate causa DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 1962, to 8 70 25 1967, that (1) (we) last ..., and that death occured at 1990.M, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDIR DIRECTOR 22c. PHYSICIAN' NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cloverleaf Cemetery Woodbridge N.J. 0 Buri a SIGNATURE ADDRESS VR A15 (4) Washington 15M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 08414 HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Montgenery MARYLAND c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. 7 days-IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Randolph. Hills Nursing Hime. NO X in Item 18. Give Poges 3. NAME OF OF DEATH DECEASED None. IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED X DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR Moryland .. 13. FATHER'S NAME Meyers Homnersloog Harvey h. Landen Baltimore Am 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service 15-01-62760 Son. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). Constive Heart Failure ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Artherio Sclerosis generalized -Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoling the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) . NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) Full in Street - when shopping -(City or town) (Stote) foctory, street, office bldg., etc.) Not While of work Silverspring Mont. Streat. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Natural causes , Accident X. death resulted fram: Undetermined manner Suicide Hamicide FUNERAL DIRE CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER 7936 Georgetow Arts (Street, city, town, or county) Bethesda. Ind Heolth NAME (Type) (Stote) BURIAL, CREMATION 0 2Sb. REGISTRAR'S SIGNATUR 250 REC'D BY REGISTRAR 24. RUMERAL DIRECTOR VR A15ME (5) 6M 1/67

11183 Northand. A Contractor of 7-1243 5 5110 8/1104-COSTAGN W Kandingon Hills Morany Home 10019 Levano AVE Greece Nem London Some Maryland Cecila, Mayers John Hommershoph 2300 - 100 / 2 1000 Ballone and 215 DE TELL Son Holley A KNOWED Consisted Heart Failure Secretary. 53.426 Arteilo Sula Billio ganatalizada Freebore of Last Hip. Commission Fall as Steet - Andrews Assiring Silverstring West time A Toller X Depris Bell 16/10/63 18 2000 6 Bell 718 60 30 10 8 11 Tarrisda and

8415 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND (If outside corporote limits, c. LENGTH OF STAY IN 1b. ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO U 4. DATE NAME OF Middle Doy Year ¥ × DECEASED 20 DEATH 19 (Type or print) car event, IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED lost birthdoy) Months WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) physician 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? has NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) une 20, 1967, that (1) (we) las 21. 1 certify that (1) (this hespital) attended the deceased fram Acres 7 , 1967, ta be retained 1967, and that death accurred at 6.15 PM fram causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rockville, Maryland Parklawn 6/23/67 Buria: Funeral Home-15APTRESROCKVILLE Pike REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Rockville. Ma.

FI389 Monte many may true mary many Parga Bathardes 4500 maple lane Marie 133 Telder Ca USA John From marthy They They 200 ST. 03 1893 Harathy Melected and Suche Can 3 2 2 4 8 P S have by the definition of the definition of the March Control of the the Lynni, parlylock The state of the s . w. a. Liman

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and a. COUNTY -MARYIAND within 72 haurs after (If autside arparate limits, c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled NAME OF Middle remave carban First Day Year DECEASED Carrie Leach June 67 B. (Type or print) DEATH event IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE NEVER MARRIED DAJE OF BIRTH AGE (In years Tast birthday) 7. MARRIED Months Days WIDOWED X and in any DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done physician a during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown). (If yes give war ar dates af service) 16. SOCIAL SECURITY NO 17. INFORMANT permit. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), 7(b) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause by the haspital ar attending as the af Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur 'a.m. foctory, street, affice bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from 196 be retained saw the deceased alive an 657 = 2/ 19 6 7, and that death accurred at 7.13 cm, from causes and on the date stated above 22b. DATE SIGNED 220_SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) 5000 Reno Road, N.W. Wash. DC Dr. Luckett 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Buria Suitland Veder Hill ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

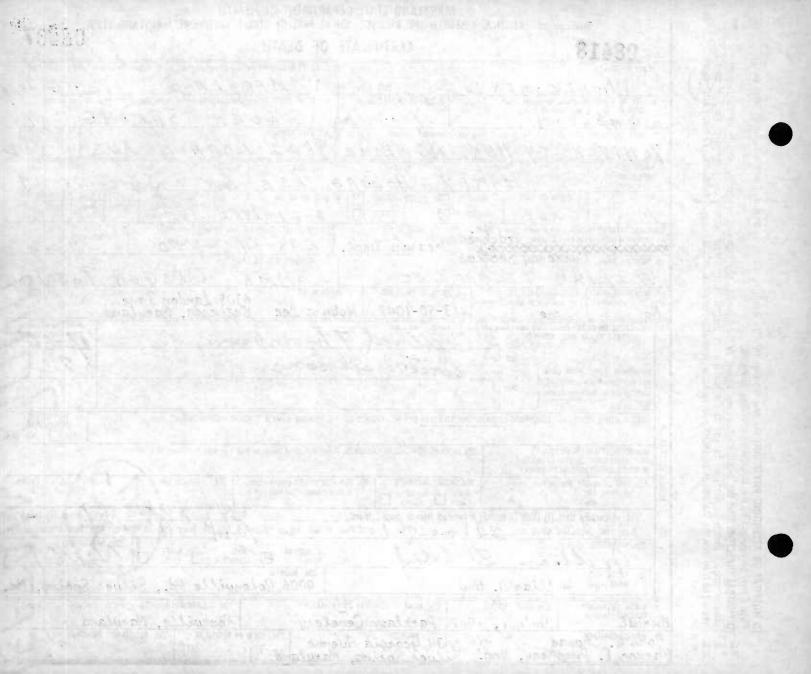
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08417 08412 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 heaton IS RESIDENCE ON A FARM? .⊑ INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS paper NO YES 3. NAME OF 4. DATE Month Doy Year grely DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remave lost birthdoy) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician nen please **INDUSTRY** Maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, attending phy IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give war or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit monar IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour 'o.m. -foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 19 67, and that death accurred at 550 PM, fram causes and an the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Corroll 23d. LOCATION (City or Town) (County) (ST PRINCE GEORGES COUNTY, MD. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2/1967 BURTAL FORT LINCOLN
ADDRESS REC'D BY REGISTRAR 2Sb, REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 1300-N. STREET, N. W. WASH. DOG JUN

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MONTGOMER MONT GOMER MARYLAND b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest tawn) +6 mg SILUER WHEATON d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOME YES NO Z pan NAME OF Middle Lost 4. DATE Day DECEASED HOBURG 1967 (Type or print) DEATH Car S SFX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED B DATE OF BIRTH remave last birthdoy) Months Doys in any WIDOWED DIVORCED 5-21-1882 10a. USUAL OCCUPATION (Give kind of wark done de LIDb. KIND OF during most of working life, even if retired) Rede in all DUSTRY 12 LIDB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY 2 EASTON 13. FATHER'S NAME CHIEF CHIEF COLON Treasury Dent. 1.5. A 14. MOTHER'S MAIDEN NAME THOMAS Lee REGON ROBERTS 6305 Landon Lane Bethesda, Maryland 16. SOCIAL SECURITY NO. 17. INFORMANT 213-50-1047 Hobura See INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES F NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) Nat While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. I, and that death accurred at a lam, from couses and an the date stated above 196 saw the deceased alive an_ 22a. SIGNATURE 22b DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. 22d. ADDRESS 22c. PHYSICIAN'S William D. And 9006 Colesville Rd. NAME (Type) Silver Spring. directar, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Rickville. Parklawn Cemetery Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Pumphrey Inc.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 18420 CERTIFICATE OF DEATH
er deal e funer 1 and ier deal	1. PLACE DF DEATH a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE MARYLAND D. COUNTY Manufactures Maryland
ours aft in by th Pages oours aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and tive nearest town write RURAL and give nearest town) Taking Falk
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) 105 Hodges Lane 6. IS RESIDENC DN A FARM? 105 Hodges Rane 9. IS RESIDENCE DN A FARM? YES \(\sum \) NO \(\sum \)
mpletely myler myl	3. NAME DF DECEASED (Type or print) MABEL HEWLETT LEWIS DEATH JUNE / 1967
and corremove remove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR Inst birthday) Hours Min. Months Days Hours Min. Min. Hours Min.
ate be nysician please i, and in	10b. KIND OF BUSINESS DR UNDUSTRY WITH A COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica nding ph Then remova	Ephriam Hewlett Taxwie Patter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
death ne atter permit. lion, or	(Yes, no, or, unknown) (If yes give war or dates of service) 240-10-4562 Wrs. Leary P. Waters (same as \$2)
hat the ician. ned by th rransit I, cremat	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE COTOGRAPH The providence of the control
een signee to purial	Cenditions, If any, which gave rise to Immediate cause (a), stating the DUE TO (b) Cor ornary (Heart Disease 5 years) DUE TO x) & 4
attendi attendi e has b se as th th prior	underlying cause last. (c) At lancock a sales
IAN: The spital or ertificate of for us of Healt	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (State)
TENDING OR: Afte hould be the Sta	21. I certify that (I) (this hospital) attended the deceased from 1950, 19, to 6/1/67, 19, that (I) (we) las saw the deceased glive on 1967, and that death occurred at M, from the causes and on the date stated above
L OR AT y be ret DIRECT age 3 si iled with	22a. SIGNATURE STAFF 22b. DATE SIGNED M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.
COSPITAL SECTOR, DISTRIBUTE SECT	22c. PHYSICIAN'S M. B. B. W. EEN 22d. ADDRESS 344 UNIVERSITY Blow. W. Spring, Md.
Pag To Fi dire sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) (State) REMOVAL (Specify) Wint 3: 1967 Winter Park Cemeling 24. FUNERAL DIRECTOR ADDRESS AD
VR A15 (4) 20M 1/65	Livihur Walters, 254 Carroll Ol NW Mach LOC DATE JUN 5 1967 governos Judge
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove getting papers. Pages 1 a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after described by the complete of the page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after described by the complete of the page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after described by the complete of the page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after described by the complete of the page 3 should be detached for use as the burial transition.

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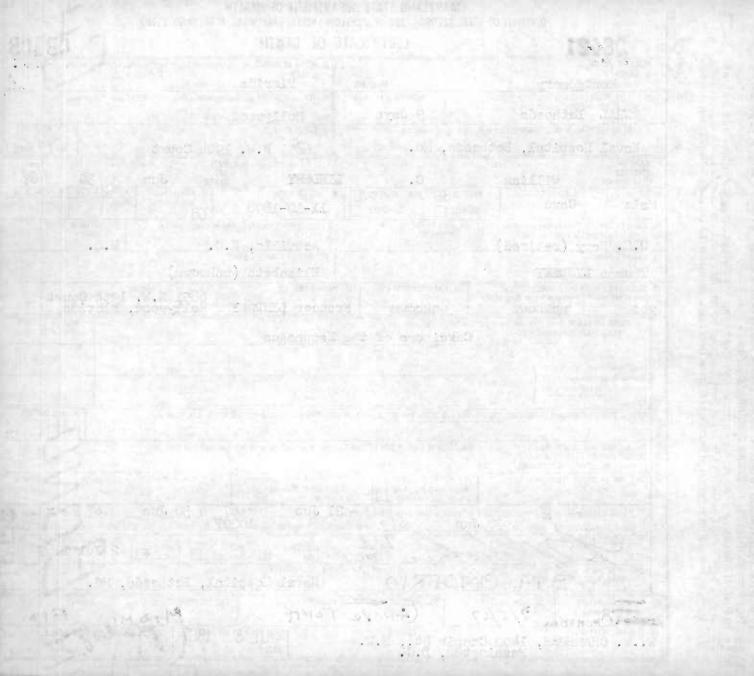
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

V	084	23		CERTIFI	LAIL	OF DEATH				084	108	
1	1. PLACE OF DEATH a. COUNTY Mont	gomery		MARYL	AND	2. USUAL RESIDENCE (V a. STATE Florida	Vhere deceased I	ived, if institut b. COUN		fare admissio	on)	
1	b. CITY OR TOWN	(If outside corporate limit	'S,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If au	tside carparate li	mits, write RUF	RAL and give nea	rest tawn)		
1	RURAL	Bethesda		9 days		Hollywoo	od		4	8.3		
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in hospital, g	ive street address)		d. STREET ADDRESS			/ .	e. IS RESID	DENCE	
2	Naval H	Hospital, Be	ethesda	, Md.		6851 N.W	. 19th (Court		YES T		
f	3. NAME OF	F	rst	Middle		Lost	4. DATE	Mant	h D	oy Yed	ar	
1	DECEASED (Type or print)	William		C.	L	INDSEY	OF DEATH	Jun	30	196	57	
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	9. AC	GE (In years	IF UNDER 1 YEA			
	Male	Cauc	WIDOWED	DIVORCED		11-10-1898	68	st birthdoy) yrs.	Months Day	s Haurs	Min.	
1	10a. USUAL OCCUPATIO	N (Give kind af wark dane	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZEN		1	
1	during most of working	rv (retired)) IN	DUSTRY		Ashville	N.C.		U.S.	Y?		
Ì	13. FATHER'S NAME	A (ICOIICA				Ashville,	NAME		1000			
	Thomas I	LINDSEY				Elizabeth	(unknow	wn)				
		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT	681	Addre	" 19th C	ourt		
	yes	unknown		unknown-	Fr	ances LINDS	EY Ho	llywood	, Flori	da		
ľ		EATH (Enter only one con			90					INTERVAL BETWEEN ONSET AND DEATH		
1		TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Car	cinoma of	the	Esophagus				UNSET AND D	TEAIN	
1	150X	502	10									
1	Conditions, if any	(, which gave)	(b)									
1	stating the unde		TO									
1	last.)	(c)									
7	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN	PART I(a)		9. WAS AUTO PERFORM YES		
	(IF FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in f	Part I or Port II o	of item 18.)				
	Hour a.	URY Month, Day, Year m. m.	20d. IN While at wark	Not While		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		ty or town)	(County)	((State)	
21. I certify that (H) (this haspital) attended the deceased fram 21 Jun , 1967, ta 30 Jun , 1965 saw the deceased alive an 30 Jun 1967, and that death accurred at 020P M, fram causes and an the 220. SIGNATURE ATTENDING MED. STAFF 22b. DA								, 19 <u>67,</u> and an the d	19 <u>67</u> , that (X) (we) last an the date stated abave			
								22b. DATE SI 2 Jul	Tul 1967			
	22c. PHÝSICIAN'S NAME (Type) B. M. ONOFRIO Naval Hospital, Bethesda, Md.											
1	23a. SURIAL, CREMATI REMOVAL (Specif	y) 7/5	EREOF /47	23c. NAME OF CEMEN		CREMATORY	23d. LOCATI	ON (City or Tax	wn) (Cou	marrie 4	itote)	
1	24. FUNERAL DIRECTO	OR	Chapi	n St., N.W	•	2Sp. RCD	BY REGISTS	7 25900	CREMERIEN	weege.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital ar ottending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filled in by the funerol director, page 3 should be detached far use as the buriol-tronsit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 25M 1/67



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. 2		0044	6			CEKTIFI	CAIL	OF DEATH					003	KIO
quires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by the funeral puriol-transit permit. Then please remove carbon papers. Pages — and puriol, cremotian, or removal, and in any event, within 12 hours of the seath	(PLACE OF DEATH O. COUNTY Mont	gomery			MARY	LAND	2. USUAL RESIDENCE o. STATE Messen	•	h. (OI		nce before	odmissio	in)
the search	ŀ	CITY OR TOWN	(If outside carparate limit and give nearest town)	s,	c. LE	NGTH OF STAY IN	116	c. CITY OR TOWN (If	outside corp	arate limits, write Rl	JRAL and giv	e nearest	tawn)	
by the Poglours		Bethe	ad give nearest town)		69	days		Filiat	ra			-15	. /	
우 토선과 25	-	I. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol,			- 4	d. STREET ADDRESS		1000		- (IS RESID	ENCE
completely filled in ove carbon popers y event, within 2 h			cal Center,		sda,		14			address)		1	ES X	
青 李章	3. 1	NAME OF DECEASED		rst		Middle		Last	4. DATI			Doy	Yed	
ed v	(Type or print)	Stav	ros		(None)		Litsas	DEA		ne .	22,	19 6	
omplet ve car event,	S. S	SEX	6. COLOR OR RACE	7. MARRIED		NEVER MARRIED	X	B. DATE OF BIRTH		 AGE (In years lost birthday) 	IF UNDER Months	1 YEAR Doys	Hours	24 HRS.
ond compression on the compression of the compression on the compression of the compressi		Male	White	WIDOWED		DIVORCED		17 March 1	937	30 yrs.	Months	Dola	110013	Will.
ond corrections in ony	10o.	USUAL OCCUPATIO	N (Give kind of work done	10b. K		BUSINESS OR		11. BIRTHPLACE (Coun	ty & Stote, or	foreign country)		ITIZEN OF DUNTRY?	WHAT	
physician on please not please not please not please not on please not on please not on the please not	F	armer	g life, even if retired)	Agi	CLCU	lture		Greece			Ğ	reec	е	
fica ysic ple ol, c		FATHER'S NAME						14. MOTHER'S MAIDEN	NAME		716			
eath certif anding phy nit. Then or removo	Ba	sil Lit	sas					Toyla	Katso	vli				
ne death ce attending p permit. The ian, or remo			ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	16.	SOCIAL	SECURITY NO.	17.	INFORMANT The M	enine	1 Recorded	ress			
dear mit or	(Ye	s, no, or unknown) No	(It yes give wor or dotes of	of service)	Nor	10		Clinical				v-Tano	3 20C	17.
thot the death an. by the attendi tronsit permit. cremotian, or r			DEATH (Enter only one cou	ise per line for			11.110	o orminear	O E I I O C.	Deonesa	a Juna		RVAL BET	
the the sit proting		PART I. DE	ATH WAS CAUSED BY:				rot.	ory Failure				QNS	T AND D	EATH
s that the cian. d by the -tronsit cremoth,		HEILA	IMMEDIATE CAUSE	1-1	1 0 10	ac mosp.	TT CLU	or y ranture				1	HOLL	0
res sici		Conditions, if on			nti	cemia						17	days	
phy phy sign bur bur		rise to immedia	te couse (o),		POT	COILLA	_					1	uays	
ng ng en he to		stoting the und	erlying couse		nal	Failure	2					30	days	
lav endi be 1s t riar			GIGNIFICANT CONDITIONS C	17				THE TERMINIAL DISEASE C	ONDITION C	IVEN IN DADT 1/o)			WAS AUTO	
The office hose hose hose hose	CATION					_			UNDITION G	IVEN IN PART I(U)			PERFORM	ED?
N: or or or r u	ICAT				Tetralogy of Fallot 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)									NO _
PHYSICIAN: e hospital or his certificote stached for u Dept. of Hea	L CERTIFI	OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. Dt	:SCRIBE	HOW INJURY OC	CURRED.	(Enter noture of injury i	n Port I or I	ort II of Item IB.)				
PHY e ho nis tach	MEDICAL	20c. TIME OF IN.	JURY Month, Doy, Yeor				20e. PLA	CE OF INJURY (Home, fo	rm, 20f	. (City or town)	(Co	ounty)	(Stote)
C + V .	W		.m. 19	While of wor		Not While of work	1001	loty, street, office blug., et	(.)			-33		
TENDING ined by the State ould be de the State		21. I cert	ify that \$\\alpha_7(this hos	pital)/atten	ded th	ne deceased	rom_P	April 14	1967	to June 2	2_, 19	67, th	ot (XX) (v	we) la
R: ould the		saw the	leceased glive an_	June 2:	2,	_19_67, a	nd tha	t death accurred o	17:221	M, fram causes	and an t	he date	stated	abav
A cross of the state of the sta		220. SIGNATURE	1/0)	11	150			ATTENDING	MED.	STAFF C		ATE SIGNI	D	
OR Se 3		11/1/	1Ku	1 MI	0		M.I	D. PHYS.	DIRECTOR	PHYS.	24	June	196	7
	1	22C. PHYSICIAN	5/2 27/2	~ .		DiV au				inical Ce				
PITAL moy ERAL I		NAME (Type	Sewell H.	Dixon	ال و	r.		Institut	es of	Health, B	ethes	da, M	aryla	and
O HOSPITAL OR Poge 4 may be ra of FUNERAL DIRE director, page 3 should be filed w	230	BURIAL, CREMAT REMOVAL (Specif	ION, 23b. DATE TH		23c.	NAME OF CEME	TERY OR	CREMATORY	23d.	LOCATION (City or T		(County)	(5	tote)
5-5	24	FUNERAL DIRECT		/ 4 /		ADDRESS		DC 250. RE	C'D BY REGI		EGISTRAR'S	SIGNATUR		
VR A15 (4) 25M 1/67	1	4 A A carl	Funeral 1	Warra Q	. 2		11.1				Clear		and a	
23M 1/0/	1	wyers.	- aprile 1	some or	C. 6	101-V.0	July.	DAIL DAIL	UNG	3 1967	Lucy	Con	mog !	-

AND THE RESIDENCE OF THE PARTY 22322 some example of the second ALPE DE CONTRA LE

1-5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR	YLAND 21201
FOR STATE	08423 MEDICAL EXAMINER'S CERTIFICATE OF DEAT	н 08416
HEALTH DEPT.		ed lived, if institution: Residence before admission)
~ 5 B €	O. COUNTY Montgomery MARYLAND O. STATE ARY LAN	D MONTGOMERY
delay M3. Pg M3. Pg	b. CITY OR TOWN (If outside ← prorote limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corpora	te limits, write RURAL and give neorest town)
del and M3.	TAKOMA PARK TAKOMA F	PAR. W 15.1
arry 2, 2, P P P P P P P P P P P P P P P P P P P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ath. If any ages 1, 2, c th farm PA Stote Depart	WASHINGTON DAN. & HOSP. 7109 GAR	CLAND AVE. YES NOW
after death. If a Give Pages 1, along with farm ith the Stote De	3. NAME OF First Middle Lost 4. DATE	Month Day Year
de y we he he	DECEASED (Type or print) JOHN DOUGLAS LIVINGSTON DEATH	JUNE 5 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9	. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
18. 18. O	M WHITE WIDOWED DIVORCED 6-10-94	Z YIS.
The man of	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if regired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign of INDUSTRY)	ountry) 12. CITIZEN OF WHAT
24 in I r's r's	KETIRED FACHER NANSHS	HMER.
hin 24 ncil in niner's pages urs aftt	13. FATHER'S NAME	
J with per Exam Exam File p		955
executed nding" in Medical E permit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MES. MABLE LIVIA	BSTON - WIFE
This certificate should be executed within 24 hours a icate, writing the ward "pending" in pencil in Item 18. be farwarded to the Chief Medical Examiner's Office all be used as a burial-transit permit. File pages land within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. (c)	INTERVAL BETWEEN ONSET AND DEATH
: This certificate, writing the farware ould be used our remayal, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
=	t of item B.) Oft. to ground.	
	- I - I - I - I - I - I - I - I - I - I	(City or town) (County) (Stote) koma Park Montg Md.
A1 EXALI execute or. Page of far yau TOR: Page rial, crem	21. I certify that I took charge of the remains described above, held an Autopsy 📝, Inspecti	on X, Inquiry X, and in my opinion
MEDICAL ease exec lirectar. P tained far porectors ta burial,	deoth resulted from: Natural causes , Accident , Suicide , Hamicide , U	ndetermined monner
MEDIA please direct direct retaine r ta bu	ACTUAL CHIEF MEDICAL EXAMINER	DATE CICATED
<u> </u>	SIGNATURE ASSISIANT MEDICAL EXAMIN	ER 22. DATE SIGNED
o DEPUTY MEDICA necessary, please es the funeral directar. 5 may be retained o FUNERAL DIRECTO	EXAMINER'S BELDEN RESEARCH Address (Street, city, town)	
TO D the Sm	236 BURIAL REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY DR CRIMATORY 23d TE REMOVANISPECTIVE FUNE 8-1967 Has Jack Conjustancy lies	CATION (Cuy of Town) (County) (Stote)
VR A15ME (5)	24. UNEXAL DIRECTOR HALLERS 25 HOURS DANJUN 9	1967 Cliencles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08424 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission a COUNTY o. STATE b. COUNTY impletely filled in by the fur ve carban/papers. Pages 1 event within 72 haurs after. MARYI AND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X NAME OF First Last 4. DATE Day Year DECEASED (Type or print) MINE DEATH - 196 S. SEX 6. COLOR DR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR' IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Manths Days remai Haurs and in any DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SA Wew york HOUSEWIFE

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal. DUANE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) IUKE- Seeltem No.2 crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ahour ch 17 mes IMMEDIATE CAUSE (a) DUE TO signed | burial. Conditions, if ony, which gove rise to immediate cause (o). DUE TO peen : prior tal stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? has of Health NO certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER this 20c. TIME DF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at work at work 19 67, to . 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 1967, and that death accurred at 6:25AM, from causes and an the date stated above TO FUNERAL DIRECTOR: sow the deceased glive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 should be filed v M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. G. Leonard Gold B641 Cloesville Rd. Silver Sp. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Assn. Pul 2Sa. REC'D BY REGISTRAR Remova Pulaski Cemetery -17-1967 Pulaski sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
JOSEPH GAW
5150 Wisc. 2Sb. **ADDRESS** S er s WInc VR A15 (4) 25M 1/67

